

### NOTICE: REQUEST FOR PROPOSALS

NOTICE IS HEREBY GIVEN that the City of Alameda will receive sealed Proposals up to the hour of 5:00 p.m. on Monday, April 16, 2012, for Workers' Compensation Claims Administration Services.

The Request For Proposal for furnishing to the City of all labor, materials, machinery, tools and equipment necessary for the work may be had by any prospective service provider upon application to City Hall, City Attorney's Office, 2263 Santa Clara Avenue, Room 280, Alameda, California, 94501 and the telephone number is (510) 747-4750. All questions should be directed to Lucretia Akil, Risk Manager at (510) 747-4762.

Proposals must be presented to the City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380, under sealed cover and plainly marked on the outside, "Workers' Compensation Claims Administration Services," or similar designation.

Contract, if awarded, will be to the responsible service provider who submits the proposal which ranks highest based on selection criteria. The right is reserved to reject any or all proposals. The Alameda City Council encourages all contractors and other businesses providing services to the City to hire Alameda residents, pursuant to the City Resolution No. 12278.

LARA WEISIGER City Clerk

## **REQUEST FOR PROPOSAL**

### **WORKERS' COMPENSATION CLAIMS ADMINISTRATION SERVICES**

#### **I. OBJECTIVES**

The City of Alameda, hereinafter referred to as the CITY, is soliciting proposals from qualified third party administrators, hereinafter referred to as the TPA, for administration of the CITY's self-insured workers' compensation program. The CITY requires a vendor who demonstrates an innovative and effective claims management process that is streamlined and user-friendly, has strong customer service focus, solid reporting capabilities, effective technological capabilities, proactive and consistent management of employee/claimant occupational absences, competitive rates and fees, and the ability and willingness to comply with the CITY's performance standards.

#### **II. BACKGROUND**

The CITY is a full service city, with full police and fire services, park and recreation programs, public works, which includes both engineering and maintenance divisions, and an electric utility department. The CITY is located in Alameda County, California.

The CITY employs approximately 531 full-time employees, 413 part-time employees, and 311 volunteers. Full-time employees and eligible non full-time employees are members of the Public Employees Retirement System (PERS). The CITY's public safety personnel are afforded the salary continuation under Labor Code §4850.

The CITY's total payroll (salaries) for the 2011/2012 fiscal year was approximately \$45,521,273. The CITY's estimated total payroll (salaries) for the 2012/2013 fiscal year is approximately \$45,600,000.

The CITY is a member of the Local Agency Workers' Compensation Excess Joint Powers Authority (LAWCX) for the purpose of obtaining excess workers' compensation coverage. Under this arrangement, the CITY maintains a self-insured retention of \$350,000 and excess coverage with statutory limits.

The CITY has been self-insured since March 1, 1993. Its workers' compensation program is currently administered by York Insurance Services Group, Inc. in Concord, California. Attached as Exhibit 1 is the CITY's loss run summary for January 2012 and Exhibit 2 is the CITY's 2011 Public Self Insurer Annual Report to the State of California.

CITY contracts with Bickmore Risk Services (BRS) to provide administrative, finance, risk management, safety and loss prevention, and workers' compensation oversight services. Administration includes services of a Workers' Compensation Program Manager (WCPM) to ensure the competent and consistent handling of claims by the TPA.

The CITY's Risk Manager is responsible for the management of the CITY's workers' compensation program including administration of the TPA contract, excluding the City's Housing Authority. The CITY's Risk Management Division under the direction of the City Attorney's Office coordinates all aspects of the workers' compensation program with the TPA. This includes reporting of injuries; employee contact; providing lost time and salary information; training for managers, supervisors, and employees; early return to work programs; claimant service evaluations; and maintenance of the CITY's medical, exposure, and workers' compensation claims files.

### **III. SCOPE OF WORK**

#### **A. CLAIMS ADMINISTRATION PERFORMANCE STANDARDS**

##### **1. Caseload**

Each person who handles indemnity claims shall have a caseload not to exceed one hundred fifty (150) open indemnity claims, inclusive of all clients, future medical claims, and medical only claims if assigned. Each person who handles solely medical only or future medical claims shall have a caseload not to exceed two hundred (200) open claims, inclusive of all clients. The supervisor shall not have a caseload unless prior authority is extended by the WCPM on a case-by-case basis.

##### **2. Claim File Set Up**

Upon receipt of the Employer's Report of Occupational Injury or Illness or Application for Adjudication of Claim, the TPA will prepare an individual claim file within one (1) business day for each claim. Preparation of the claim file shall include entering each new claim into the computer system and establishing a claim number. The file shall be available to the CITY, including its members, their representatives, claims auditors, and agents, for inspection and will contain all medical and factual information on each reported claim.

##### **3. Claim File Documentation**

All activity, contact, notification, reconciliation, referrals, reviews, verification, etc, shall be clearly documented in the computer notepad within one (1) business day and maintained in the applicable claim file. A copy of all written documentation, notices, letters, reports, etc. will be maintained in the applicable claim file. This requirement shall apply to all standards contained in this section of the document.

Use of electronic claim files is appropriate only with assurance that all claim file documentation can be recreated in hard copy as requested and access provided to the electronic claim files.

#### 4. Coverage

The TPA shall verify the coverage period and that coverage was provided to the member by the CITY on the date of injury or illness in accordance with member program dates and governing documents. If applicable, the TPA shall exercise due diligence in joining applicable co-defendants. All activity to verify coverage and join co-defendants shall be clearly documented in the computer notepad within one (1) business day.

#### 5. ISO

The examiner shall request a report from the ISO on all new indemnity claims. The TPA shall review and analyze all reports.

#### 6. Employer Contact

The TPA shall immediately request the Employer's Report of Occupational Injury or Illness form when or if notification of any injury or illness by any source is received first.

If the DWC Form 1 has not been received by the TPA within two (2) business days after receiving the Employer's Report of Occupational Injury or Illness, the examiner will contact the member to ensure the DWC Form 1 was given to the employee/claimant within one (1) business day of knowledge of the injury. If a DWC Form 1 was not provided to the injured employee/claimant, the TPA shall immediately send the DWC Form 1 directly to the employee/claimant.

The TPA shall contact the member within one (1) business day of receipt of notice of a claim by any source to conduct an initial and meaningful investigation. The TPA shall confirm with the employer the number of employees on the date of injury. Such contact with the member and information received from the member shall be clearly documented in the computer notepad within one (1) business day.

When a claim reaches or exceeds \$75,000 in total incurred value, the TPA shall report to the member every ninety (90) calendar days regarding the status of the claim. A copy of the claim status report will be provided to the CITY's WCPM. Such report shall include a current status of the claim, the examiner's plan of action for the future handling of the claim, and the current paid to date and total incurred amounts listed by indemnity, Supplemental Job Displacement Benefits, medical, and expense categories.

The examiner will provide on-site file reviews if requested by a member of the CITY. Other periodic on-site file reviews will be scheduled based upon the needs of the members.

Return phone calls to members and responses to e-mails will be accomplished within one (1) business day and clearly documented in the computer notepad within one (1) business day.

All correspondence from employers will be responded to within three (3) business days of receipt and clearly documented in the computer notepad within one (1) business day.

#### 7. Employee/Claimant Contact

In all non-litigated, lost time, or disputed cases, telephone or personal contact will be established with the injured employee/claimant within one (1) business day of receipt of notice of claim. Such contact will continue as often as necessary, but at least monthly. Any contact with the employee/claimant shall be clearly documented in the computer notepad within one (1) business day.

As required, the TPA will confer with and assist injured employee/claimants in resolving problems that arise from injury or illness claims.

Return phone calls to employee/claimants will be accomplished within one (1) business day of receipt and clearly documented in the computer notepad within one (1) business day.

All correspondence from employee/claimants will be responded to within three (3) business days of receipt and clearly documented in the computer notepad within one (1) business day.

#### 8. Medical Administration

The TPA, absent a Medical Provider Network (MPN), shall select a panel of general practitioners, specialists, hospitals, and emergency treatment facilities to which injured employee/claimants should be referred. The panel shall be regularly reviewed and updated.

The TPA shall assist the members in identifying an industrial clinic and/or medical providers, if requested.

The physician's office will be contacted within three (3) business days of notice of all new claims to conduct an initial investigation as to the medical aspects of the claim and discuss the member's return-to-work goals. Such contact will continue as needed during the continuation of temporary disability to assure that treatment is related to a compensable claim and clearly documented in the computer notepad within one (1) business day.

The TPA shall maintain contact with treating physicians to ensure employee/claimants receive proper medical treatment and are returned to full or modified employment at the earliest possible date.

The TPA shall maintain direct contact with medical providers to ensure their reports are received in a timely manner.

The TPA shall arrange medical evaluations when needed, reasonable, and/or requested in compliance with the current California Labor Code. In accordance with Labor Code Section 4601(a), the examiner will provide the employee/claimant with an alternative physician within five (5) business days of the employee/claimant's request for a change of physicians. Such referral shall be clearly documented in the computer notepad within one (1) business day.

The TPA shall make every attempt to utilize medical providers with contracts for negotiated rates to be paid less than the Official Medical Fee Schedule (OMFS) and/or recommended rates established by the Administrative Director of Workers' Compensation.

The TPA shall ensure that medical bills are reduced to at least the OMFS and/or recommended rates established by the Administrative Director of Workers' Compensation. The use of a service contractor is acceptable provided approval is first obtained from the CITY's Administrator. The CITY shall pay for the use and benefits of the services provided; however, fees charged by the service contractor shall have been approved by the CITY's WCPM prior to the provision of and payment for services. The CITY's WCPM will approve the service contractor's fees on a monthly basis prior to payment by the TPA to the service provider. Such fees will be charged to the applicable claim file and will be paid from the appropriate category as determined by Self-Insurance Plans.

The TPA shall provide, at the CITY's expense, utilization review and/or professional managed care services on an as-needed basis to injured employee/claimants in compliance with Utilization Review approved guidelines. The use of a service contractor to provide this service is acceptable provided the CITY's approval is first obtained. Such fees will be charged to the applicable claim file and will be paid from the appropriate category as determined by Self-Insurance Plans.

#### 9. Compensability

The compensability determination (accept claim, deny claim, or delay acceptance pending the results of additional investigation) and the reasons for such determination will be made and clearly documented in the file within two (2) business days from the receipt date by the TPA. Delay of benefit notices shall be mailed in compliance with the Division of Industrial Relations' guidelines. Copies of benefit notices will be maintained in the applicable claim file. The TPA shall notify the member of delay or denial of any claim.

In no case shall a final compensability decision be extended beyond ninety (90) calendar days from the date of knowledge of the claim.

#### 10. Investigations

The TPA shall promptly initiate investigation of issues identified as material to potential litigation and subrogation recovery. The member shall be notified of the need for an outside investigation as soon as possible. The member shall be kept informed on the scope and results of all investigations. All activities and communication with the member shall be clearly documented in the computer notepad within one (1) business day.

#### 11. Reserves

Establish appropriate initial reserves within three (3) business days based on the information obtained at the time of claim set up. A copy of the detailed worksheet establishing the initial reserves shall be maintained in the applicable claim file and available for on-line review by the WCPM.

Reserves shall be established based on the facts of the claim and the ultimate probable cost of each claim. All reserve categories shall be reviewed on a regular basis but not less than at least every ninety (90) calendar days. Such detailed reviews shall be clearly documented in the computer notepad within one (1) business day. Any changes to reserves shall include an explanation of the change. A copy of the reserve worksheet will be maintained in the applicable claim file and available for on-line review by the WCPM.

#### 12. Payments

The CITY has established a zero-balance account, which shall at all times contain sufficient funds to enable the TPA to make timely payments of claims, allocated loss expenses, and other amounts the TPA is authorized to make on behalf of the CITY. To comply with the positive pay requirements, the TPA shall electronically submit the information required by the CITY's financial institution on a daily, weekly, or monthly basis. The submissions will be at no additional cost to the CITY.

The CITY'S WCPM and the TPA shall determine an individual payment threshold which would require immediate notification to the CITY prior to the release of funds.

#### 13. Provision of Benefits

The TPA shall provide all compensation and medical benefits in a timely manner and in compliance with the statutory requirements of the California Labor Code. The TPA shall compute and pay benefits to injured employee/claimants based upon earnings information and authorized disability periods. The TPA shall review, compute, and pay all informal ratings, death benefits, Findings and Awards, life

pensions, or Compromise and Release settlements. However, all such benefits shall be paid from the CITY's established zero-balance account that will be linked to the CITY's "positive pay" account.

#### 14. Initial Indemnity Payment

The initial indemnity payment or voucher will be issued and mailed to the injured employee/claimant or employer, if appropriate, together with a properly completed DWC benefit notice within ten (10) business days of the knowledge of the first day of disability. Copies of benefit notices will be maintained in the applicable claim file with a copy to the member if not previously provided.

Late payments must include the self-imposed increase in accordance with the Labor Code. Reasons for the late payment shall be clearly documented in the computer notepad within one (1) business day.

#### 15. Subsequent Indemnity Payments

All indemnity payments or vouchers subsequent to the first payment will be verified, except for obvious long-term disability, and issued timely in compliance with the Labor Code. Copies of benefit notices issued with subsequent benefits will be maintained in the applicable claim file with a copy to the member.

Late payments must include the self-imposed increase in accordance with the Labor Code. Reasons for the late payment shall be clearly documented in the computer notepad within one (1) business day.

#### 16. Medical Payments

Medical bills will be reviewed for accuracy, approved for payment on the appropriate claim file, and paid within time limits established by the Labor Code. If all or part of the bill is being disputed, the TPA will notify the medical provider, on the appropriate form letter, within time limits established by the Labor Code.

Late payments must include the self-imposed increase and penalties in accordance with the Labor Code. Reasons for the late payment shall be clearly documented in the computer notepad within one (1) business day.

#### 17. Transportation/Self-Procured Expenses

Transportation/Self-Procured Expenses reimbursement will be reviewed for accuracy, approved for payment, and paid within three (3) business days of the receipt of the claim for reimbursement. Advance travel expense payments will be mailed to the injured employee/claimant at least ten (10) calendar days prior to the anticipated date of travel.

## 18. Return-to-Work

The TPA shall provide assistance to the CITY in coordinating return to work information that is appropriate for injured employees while recovering and prior to their return to regular duties.

The TPA shall consult with the member at least once a month in those cases where the injury residuals might involve work restrictions and assist the member in the provision of modified duty when appropriate.

The TPA shall notify the member immediately upon receipt of an employee's permanent work restrictions so that the member can determine the availability of permanent modified or alternative work. Notification shall clearly be documented in the computer notepad within one (1) business day.

## 19. Permanent Disability

The TPA shall determine the nature and extent of permanent disability and arrange for an informal disability rating whenever possible to avoid Workers' Compensation Appeals Board (WCAB) litigation. Determination of the level of permanent disability shall be clearly noted in the computer notepad within one (1) business day.

The TPA shall take advantage of any potential apportionment to prior claims, disabilities, and impairments. The TPA shall also advise the member with fifty (50) or more employees on the date of injury of possible credits and increases to permanent disability benefits should the member accommodate permanent/alternative work for at least twelve (12) months.

All permanent disability benefit notices shall be sent to the employee/claimant as required by the California Labor Code. Copies of benefit notices will be maintained in the applicable claim file with a copy to the member.

## 20. Supplemental Job Displacement Benefits (SJDB)

In accordance with all applicable California laws, the TPA shall advise the injured employee/claimant of his/her right to SJDB, provide appropriate SJDB, control SJDB costs, attempt to secure the prompt conclusion of SJDB, and provide notification to the CITY's members should work restrictions require permanent or modified alternative accommodations.

## 21. Diary Review

All claim files shall be reviewed by the claims adjusting staff at least every forty-five (45) calendar days for active claims and at least every one hundred eighty (180) calendar days for claims that have settled but are open for the employee/claimant's future medical care. The examiner shall distinguish the regular diary review from

routine file documentation in the computer notepad. The examiner is to update the system on any current "activity" that has occurred since the last file review. The computer notepad should include all steps/actions taken according to the plan of action previously entered.

## 22. Plan of Action

A plan of action will be included and separately labeled in the file notes. Each claim file shall contain the examiner's plan of action for the future handling of that claim.

The plan of action on new claims will be clearly documented in the computer notepad within ten (10) business days of initial claim set up. Such plan of action shall be clearly stated including the reasoning, strategy, and course of action(s) for the plan.

The plan of action will be updated at least every ninety (90) calendar days on active claims and at least every one hundred eighty (180) calendar days for claims that have settled but are open for the employee/claimant's future medical care. The plan of action shall include, but not be limited to accident history, current disability status, employee/claimant's return-to-work status, medical status, type and duration of future medical care recommended by the applicable medical provider, litigation status, subrogation potential, detailed review of reserves, excess information, and future activity to move the claim towards resolution.

## 23. Supervision

The TPA shall provide supervisory staff that will regularly review the work product of the examiners. The Supervisor shall review all new claims within the first thirty (30) calendar days of receipt from any source. The supervisor shall review at least ten percent (10%) of each examiner's caseload each month to ensure each examiner is following the performance standards outlined in this document. Written verification of the ten percent (10%) requirement will be provided to the WCPM upon request. In addition, the supervisor shall conduct a regular quarterly review of all open indemnity claims with future reserves in excess of \$100,000 and all problem or complex claims. Such reviews shall include directions, recommendations, and/or appropriate feedback and be labeled as "Supervisor Review" and clearly documented in the computer notepad within one (1) business day.

The supervisor shall monitor the diary reviews by printing a report each month to identify any files that have fallen off the diary system.

The supervisor must review all medical only claims open beyond ninety (90) calendar days from the date of entry by the TPA for potential closure or conversion to indemnity claim status. Claims with \$5,000 or more paid-to-date on any claim open beyond one hundred eighty (180) calendar days from date of entry shall be

converted to indemnity status and an appropriate precautionary indemnity reserve placed on the claim.

#### 24. Report Requests

Written claim status reports requested by members, in addition to the regular ninety (90) calendar day status reports, shall be provided by the TPA to the respective member and WCPM within ten (10) business days or a timeframe agreed upon with the member. Verbal status reports requested by members shall be provided by the TPA to the respective member within two (2) business days and clearly noted in the computer notepad within one (1) business day.

#### 25. Settlements

The TPA shall obtain the member's authorization on all settlements. If the settlement exceeds an amount established by the CITY's governing body, the written settlement proposal shall also be directed to the CITY's WCPM to provide authority in addition to the member's authority. The TPA or defense counsel shall forward settlement proposals to the member in a format approved by the CITY's WCPM.

All requests for settlement authority shall be clear and concise and include a written claim analysis, estimate of permanent disability, coverage, and the defense counsel's comments and recommendations along with the dates of any pending litigation activity or conferences at the WCAB.

Settlement considerations must include an evaluation of the need for a Medicare Set Aside (MSA). Any referral for an MSA evaluation must have the prior approval of the WCPM.

#### 26. Award Payment

Payments on Awards, computations, commutations, or Compromise and Release agreements will be issued within ten (10) calendar days, following receipt of the appropriate document. Payments will be made sooner if necessary to ensure payments are made within twenty (20) calendar days of the WCAB approval date. Late payments must include the self-imposed increase and appropriate interest in accordance with the Labor Code.

The TPA shall document the computer notepad with the date of WCAB approval, the amount of the settlement, and the type and duration of future medical care recommended by the applicable medical provider. The TPA shall also document the reason(s) for any late payment of the Award.

## 27. Future Medical Claims

Claims that remain open to monitor future medical care shall remain open for two (2) years from the last payment of benefit. Reviews shall be documented in the claim notes to include settlement information, future medical care outline, last date and type of treatment, name of excess carrier, excess carrier reporting level, and date last reported to the excess carrier.

Reserves for future medical treatment will be reviewed every one hundred eighty (180) calendar days and adjusted for use over a three (3) year average and the injured employee/claimant's life expectancy based on the latest version of the U.S. Life Table. The reason(s) and calculation(s) for the adjustment(s) shall be clearly documented in the computer notepad within one (1) business day.

The TPA shall evaluate the claim at least annually to determine a reasonable amount for settlement of future medical benefits and any remaining benefits due. The reason(s) and calculation(s) for the recommended settlement amount shall be clearly documented in the computer notepad within one (1) business day. The TPA shall clearly document the computer notepad with the outcome of the settlement negotiations with the employee/claimant and/or applicant's attorney. Refer to Item 25 regarding the consideration of MSA settlements.

Should active litigation develop after the claim has been settled, the claim will be considered active and will no longer be considered a future medical claim. All appropriate performance standards contained in this document pertaining to active claims will apply.

## 28. Subrogation

The TPA shall promptly initiate investigation of issues identified as material to potential litigation and subrogation recovery. In all cases where a third party is responsible for the injury to the employee/claimant, the TPA shall send a letter to the member indicating they will pursue subrogation unless instructed otherwise by the member and WCPM. If the injured worker brings a civil action against the party responsible for the injury, the TPA shall consult with the WCPM about the value of the subrogation claim and other considerations.

When subrogation is to be pursued, the third party shall be contacted within ten (10) business days with notification of the member's right to subrogation and the recovery of certain claim expenses. If the third party is a governmental CITY, a claim shall be filed with the governing CITY within six (6) months of the injury or notice of injury.

Periodic contact shall be made with the responsible third party and/or insurer to provide notification of the amount of the estimated recovery.

If subrogation rights are waived, the TPA shall obtain written authority from the CITY's WCPM. Upon the member's authorization, subrogation counsel shall be assigned to file a Lien or a Complaint in Intervention in the civil action within the applicable Statute of Limitations.

Whenever practical, the TPA should take advantage of any settlement in a civil action by attempting to settle the workers' compensation claim by means of a Third Party Compromise and Release. Refer to Item 25 regarding the consideration of MSA settlements. If such attempt does not succeed, then every effort should be made through the WCAB to offset claim expenses through a credit against the proceeds from the employee/claimant's civil action.

The TPA shall be responsible for collecting subrogation recoveries from the appropriate third party on a quarterly basis. A copy of the request to the third party shall be forwarded to the CITY's WCPM until such time as the TPA is instructed otherwise. Any discrepancy in the recovery or reimbursement amount shall be clarified in the claim notes at the time of each request for reimbursement. Settlement negotiations will include involvement of the WCPM.

#### 29. Litigated Cases

Notice of applicant representation shall be clearly documented in the computer notepad and include allegations of injury. All assignments to defense counsel will be appropriate and done with the member's authorization and consent. Litigation direction shall remain with the claims examiner. The TPA shall prepare clear and concise litigation referrals to outside counsel outlining the issues of the claim and duties that will be handled by defense counsel, which shall not be clerical in nature. Defense counsel shall clearly outline a written plan to defend the litigated issues and provide a written initial analysis and periodic written updates timely. The TPA shall monitor the outside counsel's progress. The TPA shall audit all defense counsel's bills before payment is authorized.

In the absence of defense counsel, the TPA shall work closely with the applicant's attorney in disposition of litigated cases. The TPA shall confirm the defendant is properly named on all legal documents.

All preparation for a trial shall involve the member so that all material evidence and witnesses are utilized to obtain a favorable result for the defense.

The TPA's manager, supervisor, or claims examiner shall attend WCAB hearings and meetings with defense counsel as necessary and as requested to do so.

#### 30. Fraudulent Claims

Any claim with suspected fraudulent activity shall be referred to the TPA's special investigation process for further investigation and potential referral to the appropriate

authorities. If the TPA does not have an in-house special investigation process, the claim will be referred to an investigator with the member's and WCPM's prior approval, to conduct further investigation. The member and WCPM will be notified of the referral and be provided with periodic updates.

### 31. Excess Coverage

Cases that have the potential to exceed the CITY's self-insured retention shall be reported in accordance with the reporting criteria established by the excess coverage policies. All cases that meet the established reporting criteria are to be reported within ten (10) business days of the day on which it is known the criteria is met, or sooner if required by the excess carrier. The report shall be on a form satisfactory to the excess carrier and submitted electronically ninety (90) calendar days from the date of the initial notice and every ninety (90) calendar days thereafter, unless indicated otherwise by the excess carrier.

A copy of the submission to the excess carrier and subsequent reports shall be forwarded electronically to the CITY's WCPM until such time as the TPA is instructed otherwise.

### 32. Excess Reimbursements/Recoveries

The TPA shall be responsible for collecting reimbursements and recoveries from the excess carrier and on a quarterly basis. Reimbursements shall be requested by the twentieth (20<sup>th</sup>) of the following month after the quarter ending March 31, June 30, September 30, and December 31. If the claim remains open to monitor future medical care, reimbursements shall be immediately requested when the claim is reviewed semi-annually.

A copy of the request to the excess carrier shall be forwarded to the CITY's WCPM until such time as the TPA is instructed otherwise. Any discrepancy in the recovery or reimbursement amount shall be clarified in the claim notes at the time of each request for reimbursement.

### 33. Overpayments

The TPA shall be responsible for collecting any overpayment of any benefit. In the event that the TPA fails to collect the overpayment, the TPA may be responsible to reimburse the CITY for the amount of the overpayment. Any settlement which considers credit for an overpayment against "new and further" disability must be reviewed and approved by the WCPM. The claim notes shall outline the reason and amount of the overpayment and the efforts taken to request reimbursement for the overpayment.

#### 34. Penalties/Self-Imposed Increases

Late payment of all benefits must include the self-imposed penalty/increase in accordance with California law. The claim notes shall outline the reason and amount of the penalties/increases.

The TPA shall adhere to the requirements outlined in Section 25, Settlements, when settling exposures for penalties/increases.

#### 35. Case Closure

All cases, where permanent disability is not an issue, will be closed within sixty (60) calendar days of the final financial transaction or final correspondence to the employee/claimant as required by law. All indemnity claims where permanent disability is an issue will remain open for two (2) years from the last payment of benefit and then closed within sixty (60) calendar days of that date.

#### 36. Compliance with Labor Code

The TPA shall comply with all provisions of the Labor Code and Rules and Regulations.

#### 37. Performance Expectations

The above Performance Standards shall be reviewed and implemented by all TPA staff assigned to the CITY's Program within thirty (30) calendar days of approval of an agreement and/or staff assignments.

Verification of compliance shall be made available upon request by the WCPM.

### B. SPECIAL PROVISIONS

#### 1. Financial Administration

The CITY will establish a zero-balance trust account from which the TPA shall make all indemnity, medical, and allocated loss expense payments. Payment authorization limits and payment policies will be established by the CITY and reviewed from time to time with the TPA. The TPA's monthly service fee shall not be paid from the trust account.

The TPA shall maintain complete and accurate records with respect to costs, expenses, receipts, and other such information required by the CITY that relate to the performance of services under this RFP. The TPA shall maintain adequate records of services provided in sufficient detail to permit an evaluation of services. All such records shall be maintained in accordance with generally accepted accounting principles and shall be clearly identified and readily accessible. The TPA will be responsible for reconciliation of the bank account.

## 2. Allocated Loss Expenses

All allocated loss expenses shall be the responsibility of the CITY. It is agreed and understood that, whenever practicable, allocated loss expenses should be paid directly from the applicable claim file. The above fee arrangement shall include all services included in this RFP except for payments made by the TPA on the CITY's behalf for medical, disability, or other benefits, and allocated loss expense.

Allocated Loss Expense shall mean all WCAB or court costs, fees, and expenses; fees for service of process; fees to attorneys; fees of independent adjusters or attorneys for investigation or adjustment of claims for AOE/COE investigations not performed by the TPA's workers' compensation claims personnel; the cost of employing experts for the purpose of preparing maps, photographs, diagrams, chemical or physical questions; the cost of copies of transcripts of testimony of coroner's inquests or private records; the cost of depositions and court reporter or recorded statements; and any similar costs or expenses properly chargeable to the defense of a particular claim or to the protection of the subrogation rights of the CITY; provided, however, that all of the above services performed by the TPA's personnel shall not be considered allocated loss expenses unless the CITY is informed by the TPA that an AOE/COE investigation is necessary and the CITY requests, in writing, that the TPA perform that investigation; the TPA personnel can then perform the investigation and the costs of that investigation shall be considered as allocated loss expenses. If the CITY does not request the AOE/COE investigation be performed by the TPA personnel, such investigation shall be referred by the TPA to an independent investigator.

Effective July 1, 2012, allocated loss expense shall also include medical cost containment program costs as defined in Title 8, Division 1, Chapter 8, Subchapter 2, Article 6, and Section 15300.

## 3. Right to Audit

The CITY or its designated representative is authorized to visit the TPA's processing and/or storage premises for the purpose of performing a claims audit, and shall have access to all data, including paper documents, microfilm, microfiche, and magnetically stored data which relate to payments or non-payments made by the TPA. Any assistance or service provided in response to a claims audit described above will be rendered at no additional cost to the CITY.

## 4. Payments Outside of Coverage Period

No charges to the CITY for payments made on behalf of persons who were not valid employees of the covered CITY on the date of injury shall be accepted for payment by the CITY.

## 5. Personnel

The TPA agrees to assign only competent personnel according to the reasonable and customary standards of training and experience in the relevant field to perform services pursuant to an agreement. Failure to assign such competent personnel shall constitute grounds for termination of an agreement. The examiners and claims assistants shall be dedicated to the exclusive handling of the CITY's claims. The TPA shall be allowed to use a non-dedicated or part-time, experienced examiner when caseloads exceed the number specified in the caseloads outlined in the "SCOPE OF WORK".

Each examiner shall have passed the State of California, Department of Industrial Relations, Self Insurance Administrator's Examination; or as a minimum requirement, no more than one (1) examiner in the CITY's dedicated unit shall not have successfully passed the State examination; however, an examiner that has not passed the State examination shall be enrolled in appropriate courses leading to certification within two years. The TPA shall annually certify to the CITY that each claims examiner handling the members' claims is in compliance with all legal and regulatory licensing and continuing educational requirements as presently or in the future shall be promulgated and required by the State of California. It is understood that the CITY has the right to require examiners to be removed from their program based on unsatisfactory performance.

The TPA shall maintain, at all times, one (1) or more of the examiners assigned to the CITY's claims, or in their absence, the supervisor or management above the supervisory level, are on-site and available by telephone for emergencies through a 24-hour emergency telephone number. The TPA shall provide a toll-free telephone number at no additional charge to the CITY.

The TPA shall require an examiner to be available and to readily respond to a member's request for assistance with problem cases, which may include in-person visits with the members.

The TPA shall require its examiners or other TPA personnel, as necessary, to attend the CITY's regularly scheduled Board of Directors and Executive Committee meetings to report on the general state of the program since the last meeting, and on any particular cases of interest to the Board and Executive Committee.

The TPA shall ensure that other personnel, such as management, clerical, accounting, and data processing, which may be required to satisfactorily provide the services required by an agreement, shall be provided by the TPA within the agreed fee for services contained in this RFP. It is understood that the personnel referred to in this paragraph need not be dedicated to the exclusive use of the CITY.

## 6. Forms

The TPA shall provide all forms necessary for the processing of benefits or claims information including the Employer's Report of Occupational Injury or Illness (DWC Form 5020), Employee Claim Form (DWC Form 1), vouchers, checks, and other related forms. The cost of providing these forms shall be included within the contract price.

## 7. Member Services

The TPA shall provide special, in-person training services annually to the members' staff to ensure that the members' staff that process workers' compensation claims are effectively carrying out the procedures required for a successful program. A copy of the CITY's approved Workers' Compensation Claims Procedures Manual should be readily available for review by the members' staff or representative.

The TPA shall consult annually with the CITY on the establishment and coordination of necessary procedures and practices to meet the needs of the CITY with respect to the administration and processing of claims.

The TPA shall provide the CITY with information regarding statutes, proposed changes to statutes, and changes to the rules and regulations affecting the CITY and its responsibility as a legally uninsured workers' compensation authority.

## 8. Computer Access

The TPA shall provide online access at no additional charge to the CITY's Administrator and members. Such data shall be in a format accessible from the CITY's Administrator's computers and will permit the CITY's Administrator to print copies of the data on its printers. The TPA shall provide training for use of the computer system for the CITY's Administrator. If the CITY's Administrator, under the TPA's guidance, is not able to maintain online interface with data maintained by the TPA, the TPA may be required to provide a copy of all data processed during the previous month to the CITY's Administrator's office on a disk by the tenth (10<sup>th</sup>) calendar day following month end.

## 9. Record Retention

All claim files and associated data shall be maintained in accordance with statutory time requirements and the CITY's Record Retention Policy. The members shall be notified prior to any destruction of files to determine if the member wishes to retain the claim file at their own expense.

#### 10. Confidentiality of Information

All data, documents, or other information developed or received, verbally or in writing, in performance of the agreement between the TPA and the CITY are confidential and not to be disclosed to any person except as authorized by the CITY, the TPA, or as required by law.

#### 11. Protection of Data

It is the TPA's responsibility to develop and implement processes and procedures relating to the protection of the CITY's electronic data, including a suitable security and back-up system for all stored data and a written policy with respect to disaster recovery, physical and electronic data security, and electronic data retention, as per the standards for Accreditation with Excellence by the California Association of Joint Powers Authorities (CAJPA).

#### 12. Computer Generated Reports/Loss Runs

The TPA shall, at its expense, by the tenth (10<sup>th</sup>) calendar day of the following month, unless otherwise specified below:

- A. Provide the following information monthly to the members, as it pertains to their respective claims, electronically, on diskette, or in written format:
  - i. A listing of all open claims showing the employee/claimant's name, claim number, date of injury, paid amount, future liability, total incurred, and any amounts recovered;
  - ii. A listing of information needed for the CITY's members to complete the applicable OSHA logs for claims where temporary disability benefits were paid during the applicable month showing the paid-to-date amounts, from and through dates of temporary disability benefits paid, claim number, and date of injury; and
  - iii. A summary listing by fiscal year showing paid-to-date amounts, future liability or reserve amounts, total incurred amounts, number of open claims, and number of closed claims.
- B. Provide the following information monthly to the CITY's Administrator electronically in Excel and the appropriate formats:
  - i. All open and closed claims run by fiscal year and then alphabetically by member, to include the employee/claimant's name, claim number, date of injury, occupation, free form text description of the injury, free form text description of the cause, site, and nature of the injury, number of days temporary disability benefits were paid, paid amount separated by type,

- future liability or reserves separated by type, total incurred separated by type, and any amounts recovered for subrogation or excess insurance;
- ii. A summary listing run alphabetically by member and then by program year showing paid amount with Labor Code 4850 benefits, paid amount without Labor Code 4850 benefits, future liability or reserve amounts, total incurred with Labor Code 4850 benefits, total incurred without Labor Code 4850 benefits, number of open claims, and number of closed claims;
  - iii. A summary listing run by program year showing paid-to-date amounts, future liability or reserve amounts, total incurred amounts, number of open claims, and number of closed claims;
  - iv. A check register, excluding vouchers, in check number order, including any voids, refunds, and recoveries received with a page showing the total payments for the month by fiscal year;
  - v. A check register, including all activity, in check number order, including any voids, refunds, and recoveries received with a page showing the total payments for the month to be run by member and then fiscal year;
  - vi. A voucher register run by fiscal year and then by member; and
  - vii. A "No Activity" report listing the claims that have had no activity during the previous one hundred eighty (180) calendar days. The report components should include no reserve changes, no payments, no recoveries, no refunds, and/or no computer notepad activity.
- C. Provide the following quarterly reports, in addition to the regular monthly reports, to the CITY's Administrator electronically in Excel format:
- i. A listing of any administrative penalties/increases paid during the quarter. The report shall designate the party responsible for the penalty/increase;
  - ii. A listing of subrogation claims showing the employee/claimant's name, claim number, date of injury, paid amount with Labor Code 4850 benefits, paid amount without Labor Code 4850 benefits, future liability, total incurred with Labor Code 4850 benefits, total incurred without Labor Code 4850 benefits, and any excess or subrogation recoveries;
  - iii. As of June 30, September 30, December 31, and March 31, a listing of all open and closed claims with a total incurred value in excess of \$50,000 to be run by fiscal year alphabetically. The report should include the employee/claimant name, claim number, date of injury, paid amount with Labor Code 4850 benefits, paid amount without Labor Code 4850 benefits,

future liability, total incurred with 4850 benefits, total incurred without 4850 benefits, and any excess insurance or subrogation recoveries;

- iv. As of June 30, September 30, December 31, and March 31, a listing of all open and closed claims with a total incurred value in excess of \$125,000 to be run by fiscal year alphabetically. The report should include the employee/claimant name, claim number, date of injury, paid amount with Labor Code 4850 benefits, paid amount without Labor Code 4850 benefits, future liability, total incurred with Labor Code 4850 benefits, total incurred without Labor Code 4850 benefits, and any excess insurance or subrogation recoveries; and
  - v. As of June 30, September 30, December 31, and March 31, a listing of all open and closed claims with a total incurred value in excess of \$250,000 to be run by fiscal year alphabetically. The report should include the employee/claimant name, claim number, date of injury, paid amount with Labor Code 4850 benefits, paid amount without Labor Code 4850 benefits, future liability, total incurred with Labor Code 4850 benefits, total incurred without Labor Code 4850 benefits, and any excess insurance or subrogation recoveries;
- D. The TPA shall provide loss data information to the excess carrier on a monthly basis in the format outlined by the excess carrier. The submissions shall be submitted to the excess carrier's secure File Transfer Protocols (FTP) server or website by the tenth (10<sup>th</sup>) calendar day of the following month. The submission shall include the required fields outlined by the excess carrier. The submissions will be made electronically in addition to the loss runs provided to the members and the CITY and will be made at no additional costs to the member, the CITY, or excess carrier.
- E. Provide a report to the CITY's Administrator annually in Excel format as of the end of the fiscal year, in addition to the regular monthly and quarterly reports, a year-end report. The report shall include all open and closed claims run by fiscal year and then alphabetically by member, to include the employee/claimant name, claim number, date of injury, occupation, text description of the injury, number of days temporary disability benefits were paid, paid amount separated by type, future liability or reserves separated by type, total incurred separated by type, and any amounts recovered for subrogation or excess insurance; and
- F. The TPA shall also provide appropriate reports as requested documenting the timely and accurate reporting of the CITY'S claims to the Centers for Medicare and Medicaid Services (CMS).
- G. The TPA shall assist in the preparation of all reports that are now, or will be required by the State of California or other government agencies with respect to

self-insurance programs. The TPA will also assist in the preparation of all reports to statistical database organizations as requested by the CITY.

- H. The TPA shall, at its expense, provide to the CITY's WCPM electronically by the tenth (10<sup>th</sup>) of the following month a written summary report showing the number of claims reported during the prior month, separated by category (i.e. indemnity or medical only); the number of claims closed during the prior month, separated by category, and any medical cost savings. This report shall show a comparison of the same information for the same month for the prior year.
- I. The TPA shall provide a computer generated monthly caseload report to the CITY's Administrator for all examiners handling the CITY's claims. The report shall include a total of all claims each person is handling, including those handled outside of the CITY's program, and shall be provided to the CITY's Administrator electronically within ten (10) calendar days of closure of the previous month.
- J. The TPA will provide the CITY a quarterly listing of any administrative penalties/increases paid in the quarters ending March 31, June 30, September 30, and December 31. The report shall designate the party responsible for the penalty/increase. If the penalty/increase was the responsibility of the TPA, the TPA shall issue a check payable to the CITY for reimbursement of the penalties/increases. The check and report shall be submitted to the CITY by the twentieth (20<sup>th</sup>) calendar day of the following month after the quarter ends.
- K. Provide other special reports required of the CITY or its Administrator including, but not limited to, loss trend reports, claim abstract reports, reports required by actuaries, excess insurance carriers, etc. If new programming is required in order to provide such special reports, the TPA shall pay at its own expense for new or special programming costs.

Any corrections to the loss runs shall be made within thirty (30) calendar days of a request for correction.

Other than standard monthly loss runs referenced in this section, computer generated loss data reports requested by members or the WCPM shall be provided within five (5) business days.

#### **IV. INSURANCE REQUIREMENTS**

The TPA must agree to indemnify, hold the CITY harmless, and defend the CITY from all claims and legal action for damages arising from their performance under an agreement.

Prior to and during the performance of an agreement, the TPA shall maintain at its own expense the following minimum insurance coverage:

1. General Liability: \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to the TPA or the general aggregate limit shall be twice the required occurrence limit. Such insurance shall include the CITY, its officers, agents, employees and volunteers as additional insureds. Such insurance shall provide thirty (30) calendar days notice of intent to cancel or non-renew to the CITY. Such insurance shall be subject to a deductible or self-insured retention of no greater than \$1,000. Upon execution of an agreement, the TPA shall provide the CITY with a certificate of insurance evidencing that such general liability insurance has been obtained and is in full force and effect. In addition to the certificate of insurance and upon request by the CITY, the TPA shall provide to the CITY a certified copy of the insurance policy or policies.
2. Automobile Liability: \$1,000,000 per accident for bodily injury and property damage. If Automobile Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to the TPA or the general aggregate limit shall be twice the required occurrence limit. Such insurance shall include the CITY, its officers, agents, employees and volunteers as additional insureds. Such insurance shall provide thirty (30) calendar days notice of intent to cancel or non-renew to the CITY. Such insurance shall be subject to a deductible or self-insured retention of no greater than \$1,000. Upon execution of an agreement, the TPA shall provide the CITY with a certificate of insurance evidencing that such automobile liability insurance has been obtained and is in full force and effect. In addition to the certificate of insurance and upon request by the CITY, the TPA shall provide to the CITY a certified copy of the insurance policy or policies.
3. Workers' Compensation and Employer's Liability: Workers' Compensation limits as required by the Labor Code of the State of California and Employer's Liability limits of \$1,000,000 per accident. Upon execution of an agreement and upon renewal of such coverage, the TPA shall provide the CITY with a certificate of insurance evidencing that such Workers' Compensation and Employer's Liability insurance has been obtained and is in full force and effect. In addition to the certificate of insurance and upon request by the CITY, the TPA shall provide to the CITY a certified copy of the insurance policy or policies.
4. Errors and Omissions: \$3,000,000/\$5,000,000 per occurrence/aggregate and shall not be subject to a deductible and/or self-insured retention of greater than \$100,000. The TPA shall maintain errors and omissions insurance applying to all claims arising out of an occurrence or events during the term of the insurance and made during, or subsequent to, the term of an agreement.

Such insurance shall apply whether the claim arises out of the operations of the TPA, its officers, employees, consultants, agents, or anyone else acting, directly or indirectly, on behalf of any of the foregoing. Such insurance shall be severable and, except as respects the limits of liability and self-insured retention, apply to each insured as if no other insureds exist. Such coverage shall provide thirty (30) calendar days notice of intent to cancel or non-renew to the CITY. Upon execution of an agreement and upon renewal of such coverage, the TPA shall provide the CITY with a certificate of insurance evidencing that such errors and omissions insurance has been obtained and is in full force and effect. In addition to the certificate of insurance and upon request by the CITY, the TPA shall provide to the CITY a certified copy of the insurance policy or policies.

5. Employee Dishonesty: \$1,000,000 to include comprehensive employee dishonesty, disappearance, theft, and forgery or alteration coverage in a form and issued by an insurance or bonding company or companies acceptable to the CITY. Such insurance shall not have a deductible greater than \$1,000 any one (1) claim. Upon execution of an agreement, the TPA shall provide the CITY with a certificate of insurance evidencing that such insurance has been obtained and is in full force and effect. Such coverage shall provide thirty (30) calendar days notice of intent to cancel or non-renew to the CITY.
6. Acceptability of Insurers: Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:XV.
7. Verification of Coverage: The TPA shall furnish the CITY with an original certificate and amendatory endorsement affecting coverage required by this clause. The endorsements should be on forms provided by the CITY, or on other than the CITY's forms, provided those endorsements or policies conform to the requirements stated in this clause. All certificates and endorsements are required to be received and approved by the CITY before work commences.

Insurance shall be primary with regards to any claim for damages arising out of the work performed under a service agreement. The CITY, its officers, agents, employees and volunteers shall be named as additional insureds under the Commercial General Liability and Automobile Liability policy. The TPA shall disclose its self-insured retention(s) on each of the required policies. The insurer shall provide thirty (30) calendar days written notice to the CITY regarding non-renewal, expiration or any changes in coverage. Appropriate insurance certificates and endorsements shall be provided to the CITY for review and approval prior to execution of a service agreement and on an annual basis.

All insurance documents are to be sent to:

CITY OF ALAMEDA  
2263 SANTA CLARA AVENUE, ROOM 280  
ALAMEDA, CA 94501

**V. ESTIMATED TIMETABLE**

The CITY anticipates the following timetable:

Issuance of the Request for Proposals (RFP)	March 1, 2012
Deadline for Receipt of Proposals by the CITY	April 16, 2012
Review of Responses and Select Interviewees	May 1, 2012
TPA Interviews	Week of May 7, 2012
Date of Contract Award	June 5, 2012
Contract Start-Up	July 9, 2012

The CITY reserves the right to cancel and/or modify the above dates at any time.

**VI. SELECTION CRITERIA**

The selection criteria to be used to select the successful proposer will include, but is not limited to, the following:

- A. Established record of consistent, professional service and reputation within the industry;
- B. High quality references from clients, particularly from other self-insured groups, either public or private;
- C. Staffing and experience levels;
- D. Dynamic, state of the art claims management system along with sufficient information systems support staff;
- E. Cost effectiveness of medical and legal cost containment services and activities; and
- F. Overall cost-benefit advantages.

**VII. INSTRUCTIONS FOR PREPARING WRITTEN PROPOSAL**

Please respond to this RFP in the following manner:

- A. Submit a cover letter that contains the name, title, address, and telephone number of the individual(s) with authority to bind the proposal during the

period in which the CITY is evaluating the proposal. The proposal shall also identify the legal form of the firm, (i.e., sole proprietor, partnership, corporation, etc.). If the firm is a corporation, the cover letter shall identify the state in which the firm was incorporated and the name of the parent corporation. A principal of the firm or other person fully authorized to act on behalf of the firm shall sign the cover letter.

**B. References and Experience**

**1. Please give a brief description of proposer including:**

- a. The names and backgrounds of principal owners, partners, or officers including a resume detailing experience;
- b. The length of time the firm has been in the business of administering California workers' compensation claims;
- c. The number of California offices and locations;
- d. The California office that would service the CITY's claims; and
- e. The California office that would service the CITY for loss data or functions other than claims adjusting.

**C. Please advise whether there are any major changes (e.g., relocation of firm/consolidation, legal name change, etc.) planned for proposer and the parent corporation during the next twelve (12) months.**

**D. Identify the personnel, including supervisory and management, who would be assigned to administer CITY's claims. In addition, provide detailed responses to the following:**

1. The position each individual currently occupies and is being proposed to occupy;
2. The education, years, and type of experience of each individual (attach a resume or curriculum vitae);
3. The experience each individual has adjusting California permissibly public agency or private self-insured claims;
4. The length of time each individual has been with the proposer;
5. The percentage of time each individual is in the office, remotely, and the field;

6. The caseload for every person assigned to handle any portion of CITY's claims.
- E. Provide a list of clients for which similar types of claims-related services are currently provided. Please include the name, title, and phone number of three (3) people, in three (3) different companies, other than the CITY, whom the CITY can contact to discuss the proposer's performance.
  - F. Provide a list of clients and their contact information who have cancelled their contract with your company during the past twenty-four (24) months. Please include the reason(s) for termination and/or non-renewal by either party.
  - G. Describe how your TPA ensures compliance with workers' compensation statutes and rules and regulations promulgated by the Department of Industrial Relations.
  - H. If available, provide a copy of the most recent Statement of Auditing Standards Report addressing your internal controls.
  - I. Identify any owned and/or affiliated ancillary services, companies, etc.
  - J. Quote a flat annual fee for each year of a minimum three (3) year contract and options for multi-year extensions for claims administration services outlined in the "SCOPE OF WORK." FAILURE TO PROVIDE PRICING INFORMATION IN THE MANNER REQUESTED MAY DISQUALIFY THE PROPOSAL.
  - K. Indicate any additional fees or fee adjustments for bundled services of Utilization Review, Bill Review, and/or Managed Care.
  - L. Indicate any additional fees or fee adjustments for unbundling of Utilization Review, Bill Review, and/or Managed Care.
  - M. Please indicate any additional fees for data conversion and on-line access.
  - N. In compliance with MMSEA Section 111 Medicare Secondary Payor Mandatory Reporting, the CITY requires the selected TPA to be registered with the Centers for Medicare and Medicaid Reporting Services (CMS) as the Account Manager for the JPA. The proposer will provide verification of their intention to register as the Account Manager and provide detailed information on their plan to provide necessary data to CMS within the required timeframes. Please specify any ancillary vendors which will be utilized for the transmission of data, any contractual arrangements between the proposer and the ancillary vendor, and any associated costs above the

TPA claims administration costs for assuming the Account Manager responsibilities and data transmission as outlined by CMS.

- O. It is expected that there will be approximately 156 open files (71 indemnity, 78 future medical, 5 medical only and 2 first aid) that will be transferred to the new TPA. The proposer must state whether the cost of handling these existing open files are included in the flat annual fee quoted above. If not, then proposer shall indicate the costs for adjusting these existing open files.
- P. Provide a comprehensive transition plan, including estimated timelines, to include the process for the transitioning of hard copy claim files to paperless claim files or paperless claim files to hard copy files if required.
- Q. Please indicate whether the proposer can comply with the "SCOPE OF WORK" outlined in the RFP. If the proposer is unable to comply with a specific performance objective, please indicate which objective cannot be complied with, the reason(s) the objective cannot be met, and provide suggestions or alternatives.
- R. Please describe any services not previously covered which you believe may be of particular value to the CITY, such as provider and facility networks, litigation management, etc.
- S. The proposal must indicate that the TPA agrees to be bound by the proposal and shall enter into an agreement to provide services in a form as approved by CITY.
- T. The proposal should expressly state that the offer, including all pricing proposals, will remain in effect until two years from execution of contract. In addition, all information presented in your proposal will be considered binding when an agreement is developed (unless otherwise modified and agreed to by both parties during subsequent negotiations).
- U. Samples of computer-generated reports must accompany as referred to in "Special Provisions" of the "SCOPE OF WORK" in the RFP.
- V. The TPAs whose proposals are selected as finalists for consideration may be asked to appear, at their own expense, before an evaluation panel to discuss their proposal.

Proposals will be accepted at:

CITY OF ALAMEDA, CITY CLERK'S OFFICE  
2263 SANTA CLARA AVENUE, ROOM 380  
ALAMEDA, CA 94501

Questions concerning this RFP should be addressed to:

CITY OF ALAMEDA, CITY ATTORNEY'S OFFICE  
LUCRETIA AKIL, RISK MANAGER  
2263 SANTA CLARA AVENUE, ROOM 280  
(510) 747-4762

Submit four (4) bound and one (1) unbound copy, and one (1) electronic copy of your proposal and any other information concerning your services **by no later than 5:00 p.m., on April 16, 2012**, to the address shown above. Late proposals will automatically be rejected.

All proposals, whether selected or rejected, shall become the property of the CITY. Costs of preparation of proposals will be borne solely by the proposer.

The CITY will review all submitted proposals and evaluate them against the selection criteria listed above. Proposals will be reviewed and considered by the CITY. If the CITY elects to proceed with selection of a TPA, the CITY will enter into contract negotiations with the selected TPA.

The CITY reserves the right to: reject any and all proposals; waive any informality, defect, or irregularity in a proposal; conduct contract negotiations with any TPA (whether or not it has submitted a proposal); alter the selection process in any way; postpone the selection process for its own convenience at any time; accept or reject any individual sub-consultant that a TPA proposes to use; and/or decide whether or not to contract with any TPA. Nothing in this RFP shall be construed to obligate the CITY to negotiate or enter into an agreement with any particular TPA. This RFP shall not be deemed to be an offer to contract or to enter into a binding contract or agreement of any kind.

**END OF REQUEST FOR PROPOSAL**

# **Exhibit**

# **1**

## Injury Year Detail

1

As Of: 01/31/2012/Annual Period: 12/31

Loss Dates: 01/01/1900 - 01/31/2012

Reporting Level: 1/Status:Open

City of Alameda -  
2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
ALAA-000001	99 (conversion)	1/1/1950		1/1/1989	INDEM/TIME LOST	BRAIN	ALL OTHER SPECIFIC INJURIES.NOC	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$300,833.62	\$146,819.38	\$300,833.62	\$447,654.00
			MO	Ind	N/A	Closed	Total									
Year 1950 total:			0	1	0	0	1	\$0.00	\$0.00	\$1.00	\$0.00	\$0.00	\$300,833.62	\$146,819.38	\$300,833.62	\$447,654.00
	Fire	5/1/1981		5/1/1981	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$39,909.94	\$81,944.06	\$20,906.45	\$0.00	\$548.75	\$0.00	\$61,365.14	\$143,309.20
	Police	11/6/1981		7/15/2011	INDEM/TIME LOST	UNKNOWN	UNKNOWN NOT EDI	\$0.00	\$0.00	\$10,000.00	\$0.00	\$3,027.08	\$2,564.92	\$2,435.08	\$2,564.92	\$18,027.08
			MO	Ind	N/A	Closed	Total									
Year 1981 total:			0	2	0	0	2	\$0.00	\$39,909.94	\$91,944.06	\$20,906.45	\$3,027.08	\$3,113.67	\$2,435.08	\$63,930.06	\$161,336.28
	Police	2/3/1986	8/9/2006	2/3/1986	INDEM/TIME LOST	LOWER LEG	CRUSHING	(\$1,408.12)	\$65,179.61	\$20,145.22	\$61,711.54	\$0.00	\$1,717.12	\$0.00	\$128,608.27	\$148,753.49
	Fire	10/21/1986	1/14/2009	10/21/1986	INDEM/TIME LOST	EAR(S)	ALL OTHER CUMULATIVE	\$0.00	\$27,508.09	\$14,278.91	\$7,664.40	\$0.00	\$4,036.98	\$0.00	\$39,209.47	\$53,488.38
			MO	Ind	N/A	Closed	Total									
Year 1986 total:			0	2	0	0	2	(\$1,408.12)	\$92,687.70	\$34,424.13	\$69,375.94	\$0.00	\$5,754.10	\$0.00	\$167,817.74	\$202,241.87
	Police	2/20/1987		2/20/1987	INDEM/TIME LOST	LOWER BACK AREA (INC.	INFLAMMATION	\$0.00	\$42,087.08	\$50,855.92	\$30,768.69	\$0.00	\$11.00	\$0.00	\$72,866.77	\$123,722.69
			MO	Ind	N/A	Closed	Total									
Year 1987 total:			0	1	0	0	1	\$0.00	\$42,087.08	\$50,855.92	\$30,768.69	\$0.00	\$11.00	\$0.00	\$72,866.77	\$123,722.69
	Fire	12/20/1989	12/20/1989	12/20/1989	INDEM/TIME LOST	HEART	MYOCARDIAL INFARCTION	\$0.00	\$243,762.15	\$69,590.85	\$9,062.00	\$0.00	\$3,622.72	\$0.00	\$256,446.87	\$326,037.72
			MO	Ind	N/A	Closed	Total									
Year 1989 total:			0	1	0	0	1	\$0.00	\$243,762.15	\$69,590.85	\$9,062.00	\$0.00	\$3,622.72	\$0.00	\$256,446.87	\$326,037.72
	Police	2/19/1990	9/30/2010	6/9/1998	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$44,399.68	\$48,684.52	\$40,112.14	\$54.00	\$14,056.33	\$100.00	\$98,568.15	\$147,406.67
			MO	Ind	N/A	Closed	Total									
Year 1990 total:			0	1	0	0	1	\$0.00	\$44,399.68	\$48,684.52	\$40,112.14	\$54.00	\$14,056.33	\$100.00	\$98,568.15	\$147,406.67
	Fire	9/11/1991	1/17/2008	9/11/1991	INDEM/TIME LOST	EAR(S)	ALL OTHER CUMULATIVE	\$0.00	\$24,410.85	\$23,218.30	\$1,995.00	\$0.00	\$0.00	\$0.00	\$26,405.85	\$49,624.15
			MO	Ind	N/A	Closed	Total									
Year 1991 total:			0	1	0	0	1	\$0.00	\$24,410.85	\$23,218.30	\$1,995.00	\$0.00	\$0.00	\$0.00	\$26,405.85	\$49,624.15
	Fire	6/21/1993		6/21/1993	INDEM/TIME LOST	HEART	MYOCARDIAL INFARCTION	\$0.00	\$100,435.40	\$111,609.72	\$105,674.81	\$0.00	\$5,652.77	\$0.00	\$211,762.98	\$323,372.70
	Fire	12/13/1993	1/4/1994	1/4/1994	INDEM/TIME LOST	EAR(S)	ALL OTHER CUMULATIVE	\$0.00	\$20,830.19	\$8,711.81	\$840.00	\$0.00	\$728.87	\$0.00	\$22,399.06	\$31,110.87
			MO	Ind	N/A	Closed	Total									
Year 1993 total:			0	2	0	0	2	\$0.00	\$121,265.59	\$120,321.53	\$106,514.81	\$0.00	\$6,381.64	\$0.00	\$234,162.04	\$354,483.57
	AP & T	5/9/1994		5/18/1994	INDEM/TIME LOST	MULTIPLE UPPER EXTREMITIES	CARPAL TUNNEL SYNDROME OLD	\$0.00	\$174,873.61	\$158,150.39	\$25,646.28	\$0.00	\$7,552.19	\$0.00	\$208,072.08	\$366,222.47
	Building Services	12/14/1994		12/27/1994	INDEM/TIME LOST	SACRUM AND COCCYX	CONTUSION	(\$134.40)	\$50,024.28	\$39,537.72	\$63,205.70	\$0.00	\$6,300.78	\$0.00	\$119,530.76	\$159,068.48
	Fire	10/8/1994	10/23/2008	10/17/1994	INDEM/TIME LOST	LOWER BACK AREA (INC.	SPRAIN	\$0.00	\$24,709.41	\$39,894.36	\$22,847.03	\$0.00	\$12,528.99	\$0.01	\$60,085.43	\$99,979.80
			MO	Ind	N/A	Closed	Total									
Year 1994 total:			0	3	0	0	3	(\$134.40)	\$249,607.30	\$237,582.47	\$111,699.01	\$0.00	\$26,381.96	\$0.01	\$387,688.27	\$625,270.75
	Police	1/27/1995		2/9/1995	INDEM/TIME LOST	KNEE	SPRAIN	\$0.00	\$148,854.12	\$18,145.88	\$77,930.35	\$0.00	\$167.48	\$0.00	\$226,951.95	\$245,097.83

Injury Year Detail

2

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	Fire	6/19/1995		8/3/1995	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$19,133.67	\$18,593.33	\$12,797.50	\$0.00	\$3,074.75	\$0.00	\$35,005.92	\$53,599.25
			MO	Ind	N/A	Closed	Total									
Year 1995 total:			0	2	0	0	2	\$0.00	\$167,987.79	\$36,739.21	\$90,727.85	\$0.00	\$3,242.23	\$0.00	\$261,957.87	\$298,697.08
	Fire	11/19/1996		1/3/1997	INDEM/TIME LOST	LOWER BACK AREA (INC.	SPRAIN	\$0.00	\$59,508.89	\$26,067.36	\$54,779.99	\$0.00	\$11,527.13	\$0.00	\$125,816.01	\$151,883.37
	Fire	11/18/1996		12/9/1996	INDEM/TIME LOST	BODY SYSTEM AND MULT. BODY	RESPIRATORY DISORDERS	\$0.00	\$28,525.87	\$34,595.13	\$0.00	\$0.00	\$0.00	\$0.00	\$28,525.87	\$63,121.00
			MO	Ind	N/A	Closed	Total									
Year 1996 total:			0	2	0	0	2	\$0.00	\$88,034.76	\$60,662.49	\$54,779.99	\$0.00	\$11,527.13	\$0.00	\$154,341.88	\$215,004.37
	Police	12/7/1997	10/23/2008	12/11/1997	INDEM/TIME LOST	UPPER BACK AREA (THORACIC AREA)	STRAIN	(\$9,452.90)	\$9,677.21	\$30,474.47	\$27,265.08	\$0.00	\$5,480.00	\$0.00	\$42,422.29	\$72,896.76
			MO	Ind	N/A	Closed	Total									
Year 1997 total:			0	1	0	0	1	(\$9,452.90)	\$9,677.21	\$30,474.47	\$27,265.08	\$0.00	\$5,480.00	\$0.00	\$42,422.29	\$72,896.76
	Fire	11/24/1998		12/16/1998	INDEM/TIME LOST	MULTIPLE TRUNK	SPRAIN	\$0.00	\$25,483.36	\$20,963.64	\$20,422.28	\$0.00	\$3,755.27	\$0.00	\$49,660.91	\$70,624.55
	Police	4/14/1998		1/29/1999	INDEM/TIME LOST	KNEE	STRAIN	(\$15,259.96)	\$45,315.94	\$25,000.00	\$210,935.29	\$105,121.20	\$10,941.33	\$0.00	\$267,192.56	\$397,313.76
	Police	9/16/1998		10/30/1998	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	(\$26,277.73)	\$97,265.13	\$61,776.87	\$160,192.64	\$0.00	\$19,145.39	\$854.61	\$276,603.16	\$339,234.64
	Fire	11/13/1998	10/23/2008	11/24/1998	INDEM/TIME LOST	UPPER ARM INCL. CLAVICLE AND	SPRAIN	\$0.00	\$19,737.34	\$12,564.77	\$5,547.40	\$0.00	\$0.00	\$0.00	\$25,284.74	\$37,849.51
	Police	2/11/1998		2/24/1998	INDEM/TIME LOST	LOWER ARM	SPRAIN	\$0.00	\$98,872.72	\$57,566.71	\$83,861.70	\$0.00	\$2,281.00	\$0.00	\$185,015.42	\$242,582.13
			MO	Ind	N/A	Closed	Total									
Year 1998 total:			0	5	0	0	5	(\$41,537.69)	\$286,674.49	\$177,871.99	\$480,959.31	\$105,121.20	\$36,122.99	\$854.61	\$803,756.79	\$1,087,604.59
	Public Works	4/15/1999		4/22/1999	INDEM/TIME LOST	LOWER BACK AREA (INC.	SPRAIN	\$0.00	\$90,199.80	\$103,080.20	\$44,184.94	\$0.00	\$6,952.45	\$0.00	\$141,337.19	\$244,417.39
			MO	Ind	N/A	Closed	Total									
Year 1999 total:			0	1	0	0	1	\$0.00	\$90,199.80	\$103,080.20	\$44,184.94	\$0.00	\$6,952.45	\$0.00	\$141,337.19	\$244,417.39
	Police	3/12/2000	12/24/2008	3/14/2000	INDEM/TIME LOST	KNEE	SPRAIN	\$0.00	\$19,566.28	\$20,050.72	\$47,539.24	\$0.00	\$3,553.50	\$0.00	\$70,659.02	\$90,709.74
	Police	10/4/2000	5/29/2007	10/6/2000	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$56,175.63	\$14,328.23	\$101,425.20	\$0.00	\$94.00	\$0.00	\$157,694.83	\$172,023.06
	Police	2/11/2000	9/14/2006	2/15/2000	INDEM/TIME LOST	DISC (TRUNK)	STRAIN	\$0.00	\$45,438.14	\$2,214.93	\$126,080.27	\$22,846.78	\$13,287.42	\$1,712.58	\$184,805.83	\$211,580.12
	Police	2/23/2000		3/2/2000	INDEM/TIME LOST	MULTIPLE TRUNK	STRAIN	\$0.00	\$88,409.44	\$48,897.56	\$76,560.90	\$0.00	\$24,377.03	\$0.00	\$189,347.37	\$238,244.93
			MO	Ind	N/A	Closed	Total									
Year 2000 total:			0	4	0	0	4	\$0.00	\$209,589.49	\$85,491.44	\$351,605.61	\$22,846.78	\$41,311.95	\$1,712.58	\$602,507.05	\$712,557.85
	Fire	7/6/2001	10/23/2008	7/20/2001	INDEM/TIME LOST	MULTIPLE TRUNK	STRAIN	\$0.00	\$26,775.80	\$9,379.49	\$105,871.81	\$140.00	\$4,077.54	\$0.00	\$136,725.15	\$146,244.64
	Fire	6/27/2001	6/6/2006	7/10/2001	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$10,369.47	\$22,024.93	\$12,883.08	\$0.01	\$0.00	\$0.00	\$23,252.55	\$45,277.49
	Fire	3/15/2001		3/28/2001	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$16,228.49	\$22,396.51	\$26,141.74	\$2,748.92	\$0.00	\$2,500.00	\$42,370.23	\$70,015.66
	Police	5/9/2001		5/14/2001	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	(\$122,631.90)	\$209,166.75	\$23,009.25	\$160,792.50	\$0.00	\$3,289.36	\$0.00	\$373,248.61	\$396,257.86

## Injury Year Detail

3

As Of: 01/31/2012/Annual Period: 12/31

Loss Dates: 01/01/1900 - 01/31/2012

Reporting Level: 1/Status:Open

City of Alameda -

2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	AP & T	4/21/2001		5/16/2001	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$74,029.02	\$44,508.98	\$101,750.58	\$0.00	\$26,855.50	\$2,143.65	\$202,635.10	\$249,287.73
			MO	Ind	N/A	Closed	Total									
Year 2001 total:			0	5	0	0	5	(\$122,631.90)	\$336,569.53	\$121,319.16	\$407,439.71	\$2,888.93	\$34,222.40	\$4,643.65	\$778,231.64	\$907,083.38
	Fire	10/16/2002		10/16/2002	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$20,008.51	\$32,576.49	\$55,661.34	\$0.00	\$6,861.00	\$0.00	\$82,530.85	\$115,107.34
	Fire	5/24/2002		5/24/2002	INDEM/TIME LOST	WRIST	SPRAIN	\$0.00	\$44,387.82	\$9,397.18	\$118,151.80	\$1,445.50	\$3,943.03	\$2,981.97	\$166,482.65	\$180,307.30
	Public Works	1/25/2002		1/25/2002	INDEM/TIME LOST	SHOULDER(S)	SPRAIN	\$0.00	\$128,570.65	\$62,988.35	\$107,808.11	\$0.00	\$11,252.96	\$0.00	\$247,631.72	\$310,620.07
	AP & T	7/15/2002		7/15/2002	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	(\$18,892.76)	\$115,279.23	\$166,742.77	\$119,840.09	\$0.00	\$36,313.14	\$36.02	\$271,432.46	\$438,211.25
	Fire	8/8/2002	1/22/2009	8/8/2002	INDEM/TIME LOST	SOFT TISSUE NECK	STRAIN	\$0.00	\$25,325.53	\$45,836.63	\$51,881.36	\$0.64	\$89.25	\$0.00	\$77,296.14	\$123,133.41
			MO	Ind	N/A	Closed	Total									
Year 2002 total:			0	5	0	0	5	(\$18,892.76)	\$333,571.74	\$317,541.42	\$453,342.70	\$1,446.14	\$58,459.38	\$3,017.99	\$845,373.82	\$1,167,379.37
	Fire	12/26/2003	6/21/2010	12/26/2003	INDEM/TIME LOST	ANKLE	STRAIN	\$0.00	\$20,288.22	\$43,112.60	\$9,177.05	\$0.00	\$70.00	\$0.00	\$29,535.27	\$72,647.87
	Fire	12/27/2003		12/27/2003	INDEM/TIME LOST	SHOULDER(S)	STRAIN	\$0.00	\$33,796.52	\$27,196.48	\$51,682.22	\$1,283.44	\$7,037.71	\$10,863.29	\$92,516.45	\$131,859.66
	Police	12/9/2003	7/17/2006	12/9/2003	INDEM/TIME LOST	SOFT TISSUE NECK	STRAIN	\$0.00	\$42,196.58	\$28,332.42	\$0.00	\$0.00	\$2,284.90	\$215.10	\$44,481.48	\$73,029.00
	Police	9/11/2003		9/11/2003	INDEM/TIME LOST	MULTIPLE BODY PARTS	FRACTURE	\$0.00	\$49,768.65	\$72,023.35	\$46,102.00	\$7,543.00	\$20,708.94	\$2,291.06	\$116,579.59	\$198,437.00
	AP & T	11/10/2003		11/10/2003	INDEM/TIME LOST	HIP	UNKNOWN NOT EDI	\$0.00	\$65,003.78	\$296,196.22	\$39,241.61	\$39,718.39	\$10,630.13	\$1,369.87	\$114,875.52	\$452,160.00
	Fire	8/18/2003		8/18/2003	INDEM/TIME LOST	EAR(S)	HEARING LOSS (TRAUMATIC ONLY)	\$0.00	\$19,039.02	\$13,168.98	\$25,873.57	\$0.00	\$92.00	\$0.00	\$45,004.59	\$58,173.57
	Recreation & Parks	8/18/2003		8/18/2003	INDEM/TIME LOST	LUMBAR AND/OR SACRAL	STRAIN	\$0.00	\$111,659.09	\$26,342.91	\$89,030.84	\$0.00	\$15,341.23	\$0.00	\$216,031.16	\$242,374.07
	Police	12/3/2003		12/3/2003	INDEM/TIME LOST	ANKLE	STRAIN	\$0.00	\$64,910.98	\$10,693.02	\$142,621.15	\$0.00	\$6,154.27	\$0.00	\$213,686.40	\$224,379.42
			MO	Ind	N/A	Closed	Total									
Year 2003 total:			0	8	0	0	8	\$0.00	\$406,662.84	\$517,065.98	\$403,728.44	\$48,544.83	\$62,319.18	\$14,739.32	\$872,710.46	\$1,453,060.59
	Police	8/3/2004		8/3/2004	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$38,466.86	\$40,651.29	\$123,898.39	\$0.00	\$85.00	\$0.00	\$162,450.25	\$203,101.54
	Recreation & Parks	10/27/2004	11/18/2004	10/27/2004	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$15,000.92	\$26,108.08	\$10,889.32	\$336.00	\$4,659.71	\$1,158.96	\$30,549.95	\$58,152.99
	Police	11/2/2004	11/10/2004	11/2/2004	INDEM/TIME LOST	MULTIPLE BODY PARTS	CONTUSION	\$0.00	\$115,916.85	\$57,758.17	\$78,828.81	\$6,000.00	\$15,795.75	\$1,840.00	\$210,541.41	\$276,139.58
	Police	12/18/2004	12/22/2004	12/18/2004	INDEM/TIME LOST	UPPER BACK AREA (THORACIC AREA)	STRAIN	\$0.00	\$2,562.71	\$100.00	\$27,890.25	\$13.98	\$392.68	\$0.00	\$30,845.64	\$30,959.82
	Fire	2/9/2004	10/22/2009	2/9/2004	INDEM/TIME LOST	EAR(S)	LOSS OF HEARING	\$0.00	\$6,221.28	\$23,107.02	\$4,000.00	\$0.00	\$549.04	\$0.00	\$10,770.32	\$33,877.34
	Police	1/22/2004	10/23/2008	1/22/2004	INDEM/TIME LOST	MULTIPLE TRUNK	STRAIN	\$0.00	\$23,287.74	\$21,033.26	\$37,671.77	\$0.00	\$59.25	\$0.00	\$61,018.76	\$82,052.02
	Fire	7/13/2004		7/13/2004	INDEM/TIME LOST	WRIST	STRAIN	(\$323,071.25)	\$271,314.89	\$37,907.11	\$241,909.01	\$0.00	\$61,598.49	\$3,201.51	\$574,822.39	\$615,931.01
	Fire	5/7/2004		5/7/2004	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE PHY INJURIES ONLY	\$0.00	\$13,396.31	\$12,654.69	\$168,058.23	\$10,000.95	\$3,648.00	\$0.00	\$185,102.54	\$207,758.18

Injury Year Detail

4

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	Police	2/5/2004		2/5/2004	INDEM/TIME LOST	MULTIPLE UPPER EXTREMITIES	STRAIN	\$0.00	\$24,822.19	\$36,223.81	\$23,709.53	\$0.00	\$55.00	\$0.00	\$48,586.72	\$84,810.53
	Fire	6/2/2004		6/2/2004	INDEM/TIME LOST	FOOT	STRAIN	\$0.00	\$3,120.70	\$12,153.83	\$5,212.38	\$0.00	\$5.50	\$0.00	\$8,338.68	\$20,492.41
			MO	Ind	N/A	Closed	Total									
Year 2004 total:			0	10	0	0	10	(\$323,071.25)	\$514,110.45	\$267,697.26	\$722,067.69	\$16,350.93	\$86,848.42	\$6,200.47	\$1,323,026.56	\$1,613,275.22
	Police	12/5/2005	10/5/2006	12/5/2005	INDEM/TIME LOST	MULTIPLE BODY PARTS	SPRAIN	\$0.00	\$4,854.07	\$10,186.63	\$26,350.65	\$0.00	\$2,878.89	\$521.11	\$34,083.61	\$44,791.35
	Police	8/10/2005	8/28/2006	8/10/2005	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE PHY INJURIES ONLY	\$0.00	\$16,771.38	\$43,700.34	\$38,341.65	\$0.00	\$70.00	\$0.00	\$55,183.03	\$98,883.37
	Police	9/8/2005	10/23/2008	9/8/2005	INDEM/TIME LOST	EAR(S)	LOSS OF HEARING	\$0.00	\$14,648.37	\$8,890.13	\$1,760.00	\$0.00	\$1,026.00	\$0.00	\$17,434.37	\$26,324.50
	Police	11/4/2005		11/9/2005	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$19,452.61	\$24,195.39	\$14,098.64	\$11,110.00	\$8,031.08	\$1,427.00	\$41,582.33	\$78,314.72
	Fire	6/17/2005		6/17/2005	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$6,970.34	\$25,666.69	\$15,946.67	\$0.00	\$10,139.27	\$0.00	\$33,056.28	\$58,722.97
	Fire	10/27/2005		10/27/2005	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$30,264.30	\$48,192.21	\$30,326.81	\$0.00	\$479.55	\$0.00	\$61,070.66	\$109,262.87
			MO	Ind	N/A	Closed	Total									
Year 2005 total:			0	6	0	0	6	\$0.00	\$92,961.07	\$160,831.39	\$126,824.42	\$11,110.00	\$22,624.79	\$1,948.11	\$242,410.28	\$416,299.78
	Police	5/2/2006		5/2/2006	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$13,130.15	\$7,261.98	\$136,880.21	\$0.00	\$5,328.72	\$0.00	\$155,319.08	\$162,581.06
	Fire	10/13/2006		10/13/2006	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$72,249.76	\$26,490.91	\$152,099.63	\$15,698.58	\$21,274.28	\$1,335.00	\$245,623.67	\$289,148.16
	Fire	8/3/2006		8/3/2006	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$55,599.86	\$37,394.77	\$126,596.27	\$0.00	\$70.00	\$130.00	\$182,266.13	\$219,790.90
	Police	10/4/2006	11/3/2008	10/4/2006	INDEM/TIME LOST	WRIST	STRAIN	\$0.00	\$27,341.49	\$18,407.51	\$113,619.97	\$17,365.00	\$1,052.23	\$2,554.77	\$142,013.69	\$180,340.97
	Public Works	7/11/2006	9/14/2006	7/11/2006	INDEM/TIME LOST	SHOULDER(S)	STRAIN	\$0.00	\$32,033.55	\$11,734.45	\$54,349.63	\$0.00	\$72.69	\$0.00	\$86,455.87	\$98,190.32
	Police	7/1/2006		1/15/2007	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$56,183.33	\$34,473.67	\$94,056.70	\$0.00	\$4,738.50	\$0.00	\$154,978.53	\$189,452.20
	Public Works	6/12/2006	7/27/2006	6/12/2006	INDEM/TIME LOST	HAND	ALL OTHER SPECIFIC INJURIES NOC	\$0.00	\$41,843.05	\$13,295.38	\$87,638.95	\$0.00	\$6,102.01	\$0.00	\$135,584.01	\$148,879.39
			MO	Ind	N/A	Closed	Total									
Year 2006 total:			0	7	0	0	7	\$0.00	\$298,381.19	\$149,058.67	\$765,221.36	\$33,063.58	\$38,638.43	\$4,019.77	\$1,102,240.98	\$1,288,383.00
	Fire	11/5/2007		11/5/2007	INDEM/TIME LOST	ABDOMEN INCL. GROIN	STRAIN	(\$52,655.86)	\$84,455.92	\$102,772.08	\$222,474.94	\$24,969.50	\$4,028.50	\$4,190.00	\$310,959.36	\$442,890.94
	Police	8/16/2007		8/16/2007	INDEM/TIME LOST	HIP	STRAIN	(\$74,440.96)	\$196,218.80	\$164,466.20	\$117,078.20	\$13,300.85	\$12,568.21	\$200.00	\$325,865.21	\$503,832.26
	Police	8/29/2007	11/4/2008	10/22/2007	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$901.14	\$0.01	\$6,052.00	\$296.00	\$0.00	\$100.00	\$6,953.14	\$7,349.15
	Fire	7/28/2007		7/28/2007	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$45,064.70	\$16,407.30	\$174,797.01	\$490.00	\$20,844.45	\$1,446.44	\$240,706.16	\$259,049.90
	Fire	1/15/2007		1/15/2007	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$21,936.65	\$24.35	\$20,964.65	\$53,018.35	\$885.00	\$2,115.00	\$43,786.30	\$98,944.00
	Police	10/8/2007		10/9/2007	INDEM/TIME LOST	MULTIPLE UPPER EXTREMITIES	CARPAL TUNNEL SYNDROME OLD	\$0.00	\$42,411.82	\$25,288.18	\$116,779.41	\$0.00	\$7,273.93	\$0.00	\$166,465.16	\$191,753.34
	Fire	2/8/2007		2/8/2007	INDEM/TIME LOST	SPINAL CORD(NECK)	STRAIN	\$0.00	\$63,692.43	\$163,477.46	\$50,434.59	\$6,000.00	\$17,092.33	\$1,153.67	\$131,219.35	\$301,850.48

Injury Year Detail

5

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	Public Works	12/26/2007		1/3/2008	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$70,400.03	\$217,932.97	\$134,498.77	\$59,670.21	\$866.51	\$233.49	\$205,765.31	\$483,601.98
	Recreation & Parks	11/16/2007		11/16/2007	INDEM/TIME LOST	FOOT	CONTUSION	\$0.00	\$20,857.03	\$26,597.45	\$19,330.09	\$0.00	\$294.91	\$0.00	\$40,482.03	\$67,079.48
	Police	10/24/2007		10/24/2007	INDEM/TIME LOST	ELBOW	STRAIN	\$0.00	\$44,274.73	\$87,616.27	\$120,816.22	\$48,683.38	\$8,342.93	\$1,049.07	\$173,433.88	\$310,782.60
	Police	2/7/2007		2/7/2007	INDEM/TIME LOST	MULTIPLE BODY PARTS	CONTUSION	\$0.00	\$1,454.78	\$5,245.22	\$861.42	\$0.00	\$0.00	\$0.00	\$2,116.20	\$7,361.42
	Fire	9/12/2007		9/13/2007	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$14,774.39	\$21,625.61	\$42,181.41	\$0.00	\$140.00	\$0.00	\$57,095.80	\$78,721.41
	Police	11/1/2007		2/4/2008	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$25,591.67	\$39,540.26	\$197,814.06	\$28,830.33	\$4,303.03	\$0.37	\$227,708.76	\$296,079.72
	Golf	5/1/2007		5/1/2007	INDEM/TIME LOST	HAND	STRAIN	\$0.00	\$11,854.55	\$51,047.97	\$11,165.00	\$0.00	\$1,789.80	\$0.00	\$24,809.35	\$75,857.32
			MO	Ind	N/A	Closed	Total									
Year 2007 total:			0	14	0	0	14	(\$127,096.82)	\$643,888.64	\$922,041.33	\$1,235,047.77	\$235,258.62	\$78,429.60	\$10,488.04	\$1,957,366.01	\$3,125,154.00
	Fire	3/21/2008		3/21/2008	INDEM/TIME LOST	HEART	CARDIO/VASCULAR	\$0.00	\$8,761.57	\$6,650.43	\$6,110.10	\$11,385.00	\$2,398.55	\$1,601.45	\$17,270.22	\$36,907.10
	Fire	4/15/2008		4/15/2008	INDEM/TIME LOST	MULTIPLE BODY PARTS	SPRAIN	\$0.00	\$79,786.77	\$23,709.50	\$131,441.08	\$58,123.19	\$4,080.50	\$919.50	\$215,308.35	\$298,060.54
	AP & T	1/23/2008		9/11/2008	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE PHY INJURIES ONLY	\$0.00	\$122,269.61	\$63,061.39	\$119,784.94	\$25,523.49	\$26,304.49	\$1,630.51	\$268,359.04	\$358,574.43
	Public Works	8/19/2008		8/19/2008	INDEM/TIME LOST	WRIST(S) AND HAND(S)	SYNOVITIS/TENDONITIS	\$0.00	\$14,813.33	\$29,593.67	\$11,629.20	\$0.00	\$70.00	\$0.00	\$26,512.53	\$56,106.20
	Police	2/21/2008		3/20/2008	INDEM/TIME LOST	MULTIPLE BODY PARTS	CANCER	(\$6,000.00)	\$4,605.79	\$75,394.21	\$27,065.96	\$0.00	\$7,976.84	\$0.00	\$39,648.59	\$115,042.80
	Golf	10/15/2008		2/3/2011	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE INJ INCLUDING BOTH	\$0.00	\$2,066.72	\$7,933.28	\$0.00	\$0.00	\$12,370.93	\$3,499.17	\$14,437.65	\$25,870.10
	AP & T	4/22/2008	9/15/2008	4/22/2008	INDEM/TIME LOST	LOWER ARM	STRAIN	\$0.00	\$41,128.63	\$24,978.70	\$29,586.12	\$5,903.56	\$328.99	\$171.01	\$71,043.74	\$102,097.01
	Public Works	7/11/2008	8/6/2008	7/14/2008	INDEM/TIME LOST	LUMBAR AND/OR SACRAL	STRAIN	\$0.00	\$6,152.82	\$47,479.18	\$28,084.51	\$0.00	\$5,368.25	\$0.00	\$39,605.58	\$87,084.76
	Police	7/9/2008		7/9/2008	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE PHY INJURIES ONLY	\$0.00	\$25,365.08	\$61,104.92	\$89,507.54	\$0.00	\$110.00	\$0.00	\$114,982.62	\$176,087.54
	Police	7/13/2008		7/13/2008	INDEM/TIME LOST	WRIST(S) AND HAND(S)	CONTUSION	(\$8,305.33)	\$10,446.13	\$7,257.87	\$42,554.78	\$0.00	\$4,834.50	\$0.00	\$57,835.41	\$65,093.28
			MO	Ind	N/A	Closed	Total									
Year 2008 total:			0	10	0	0	10	(\$14,305.33)	\$315,396.45	\$347,163.15	\$485,764.23	\$100,935.24	\$63,843.05	\$7,821.64	\$865,003.73	\$1,320,923.76
	Police	11/5/2009		11/5/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	(\$16,666.00)	\$66,906.55	\$25,151.45	\$84,998.45	\$0.00	\$8,697.05	\$59.60	\$160,602.05	\$185,813.10
	Fire	10/14/2009		10/14/2009	INDEM/TIME LOST	KNEE	INFLAMMATION	\$0.00	\$42,863.87	\$39,185.03	\$106,210.45	\$25,070.78	\$12,651.53	\$2,354.80	\$161,725.85	\$228,336.46
	Police	12/17/2009		12/17/2009	INDEM/TIME LOST	UPPER ARM INCL. CLAVICLE AND	PUNCTURE	\$0.00	\$30,950.52	\$12,166.69	\$90,927.31	\$20,159.99	\$0.00	\$200.00	\$121,877.83	\$154,404.51
	Police	3/12/2009	4/12/2010	3/12/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$313.50	\$0.50	\$13,350.95	\$4,713.05	\$594.00	\$0.00	\$14,258.45	\$18,972.00
	Police	3/12/2009		3/12/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	\$0.00	\$26,527.59	\$27,172.41	\$196,956.53	\$5,091.85	\$7,074.25	\$1,736.25	\$230,558.37	\$264,558.88
	Fire	1/4/2009		1/4/2009	INDEM/TIME LOST	SHOULDER(S)	INFLAMMATION	\$0.00	\$45,312.38	\$16,558.85	\$111,126.08	\$0.00	\$640.00	\$0.00	\$157,078.46	\$173,637.31

Injury Year Detail

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	Fire	9/23/2009	11/30/2010	9/23/2009	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$12,240.89	\$7,937.38	\$103,153.73	\$19,889.43	\$0.00	\$200.00	\$115,394.62	\$143,421.43
	Police	8/20/2009		8/20/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	LACERATION	\$0.00	\$17,061.47	\$33,888.53	\$46,186.16	\$3,507.50	\$70.00	\$230.00	\$63,317.63	\$100,943.66
	Police	9/24/2009		9/24/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	MULTIPLE PHY INJURIES ONLY	\$0.00	\$99,009.45	\$22,344.21	\$166,111.89	\$30,854.00	\$6,219.81	\$722.70	\$271,341.15	\$325,262.06
	Police	5/20/2009		5/20/2009	INDEM/TIME LOST	MULTIPLE BODY PARTS	STRAIN	(\$54,826.00)	\$17,685.14	\$1.00	\$77,811.13	\$0.00	\$7,299.42	\$1,200.58	\$102,795.69	\$103,997.27
	Police	12/11/2009		12/16/2009	INDEM/TIME LOST	FOOT	FRACTURE	\$0.00	\$15,384.56	\$17,434.44	\$17,683.06	\$0.00	\$10,923.67	\$8.00	\$43,991.29	\$61,433.73
	Police	3/30/2009		3/30/2009	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$21,248.01	\$20,059.86	\$60,286.69	\$0.00	\$206.31	\$0.00	\$81,741.01	\$101,800.87
	Public Works	12/22/2009	4/26/2010	12/22/2009	INDEM/TIME LOST	HAND	STRAIN	\$0.00	\$2,779.71	\$14,489.30	\$0.00	\$0.00	\$0.00	\$0.00	\$2,779.71	\$17,269.01
	Police	7/13/2009		10/26/2009	INDEM/TIME LOST	BODY SYSTEM AND MULT. BODY	CANCER	\$0.00	\$2,183.19	\$47,816.81	\$45,121.00	\$9,599.00	\$10,586.37	\$2,303.00	\$57,890.56	\$117,609.37
			MO	Ind	N/A	Closed	Total									
Year 2009 total:			0	14		0	14	(\$71,492.00)	\$400,466.83	\$284,206.46	\$1,119,923.43	\$118,885.60	\$64,962.41	\$9,014.93	\$1,585,352.67	\$1,997,459.66
	Recreation & Parks	2/9/2010	5/21/2010	3/17/2010	INDEM/TIME LOST	LUMBAR AND/OR SACRAL	SPRAIN	\$0.00	\$2,467.44	\$5,009.62	\$4,692.00	\$6,923.00	\$1,394.27	\$3,605.73	\$8,553.71	\$24,092.06
	Fire	3/7/2010		3/7/2010	INDEM/TIME LOST	MULTIPLE BODY PARTS	CANCER	\$0.00	\$12,344.32	\$237,655.68	\$217,166.62	\$383,520.07	\$9,663.60	\$336.40	\$239,174.54	\$860,686.69
	Fire	4/15/2010		4/15/2010	INDEM/TIME LOST	EAR(S)	LOSS OF HEARING	\$0.00	\$137.19	\$27,500.00	\$4,692.00	\$828.00	\$1,364.48	\$1,635.52	\$6,193.67	\$36,157.19
	Police	9/3/2010		9/6/2010	INDEM/TIME LOST	MULTIPLE TRUNK	STRAIN	\$0.00	\$10,223.88	\$4,776.12	\$125,872.65	\$63,714.80	\$7,969.27	\$2,463.83	\$144,065.80	\$215,020.55
	Fire	8/10/2010		8/10/2010	INDEM/TIME LOST	UPPER LEG	INFLAMMATION	\$0.00	\$85,535.07	\$6,579.93	\$64,439.62	\$17,269.72	\$10,465.42	\$4,534.58	\$160,440.11	\$188,824.34
	Police	7/1/2010		9/18/2010	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$12,106.73	\$46,286.24	\$81,954.86	\$9,183.57	\$23,292.53	\$4,030.93	\$117,354.12	\$176,854.86
		6/28/2010		8/31/2011	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$15,000.00
	Police	9/14/2010		9/14/2010	INDEM/TIME LOST	KNEE	SPRAIN	\$0.00	\$11,325.66	\$18,674.34	\$116,835.45	\$24,584.54	\$2,596.63	\$4,480.88	\$130,757.74	\$178,497.50
	Police	6/5/2010		6/14/2010	INDEM/TIME LOST	ANKLE	INFLAMMATION	\$0.00	\$61,949.98	\$14,600.00	\$99,693.55	\$49,405.36	\$0.00	\$200.00	\$161,643.53	\$225,848.89
	Public Works	9/7/2010		9/8/2010	INDEM/TIME LOST	WRIST	CONTUSION	\$0.00	\$8,342.59	\$20,803.43	\$11,353.93	\$8,797.50	\$1,994.58	\$3,005.42	\$21,691.10	\$54,297.45
	Police	5/31/2010		9/18/2010	INDEM/TIME LOST	HEART	LOSS OF HEARING	\$0.00	\$0.00	\$76,250.00	\$26,641.29	\$9,218.18	\$211.60	\$38.40	\$26,852.89	\$112,359.47
	Police	5/31/2010		9/18/2010	INDEM/TIME LOST	EAR(S)	LOSS OF HEARING	\$0.00	\$6,155.11	\$3,844.89	\$3,512.00	\$986.69	\$0.00	\$0.00	\$9,667.11	\$14,498.69
	Fire	5/3/2010		5/20/2010	INDEM/TIME LOST	HEART	CARDIO/VASCULAR	\$0.00	\$12,477.18	\$12,522.82	\$58,010.46	\$22,428.48	\$110.00	\$890.00	\$70,597.64	\$106,438.94
	Fire	12/21/2010		12/21/2010	INDEM/TIME LOST	HEART	CARDIO/VASCULAR	\$0.00	\$2,728.79	\$53,133.85	\$577.19	\$0.00	\$0.00	\$200.00	\$3,305.98	\$56,639.83
	Police	10/2/2010		10/2/2010	INDEM/TIME LOST	TEETH	FRACTURE	\$0.00	\$302.63	\$8,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$302.63	\$8,302.63
	Police	10/5/2010		10/6/2010	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$6,026.43	\$8,473.57	\$95,423.56	\$7,747.64	\$17,111.86	\$3,638.70	\$118,561.85	\$138,421.76
			MO	Ind	N/A	Closed	Total									

Injury Year Detail

7

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
Year 2010 total:			0	16	0	0	16	\$0.00	\$232,123.00	\$554,110.49	\$910,865.18	\$604,607.55	\$76,174.24	\$34,060.39	\$1,219,162.42	\$2,411,940.85
	Police	4/15/2011		4/18/2011	INDEM/TIME LOST	LUMBAR AND/OR SACRAL	STRAIN	\$0.00	\$633.80	\$3,866.20	\$2,255.29	\$0.00	\$0.00	\$200.00	\$2,889.09	\$6,955.29
	AP & T	1/24/2011		1/24/2011	INDEM/TIME LOST	LUMBAR AND/OR SACRAL	STRAIN	\$0.00	\$7,847.98	\$25,506.49	\$6,957.50	\$0.00	\$0.00	\$0.00	\$14,805.48	\$40,311.97
	Fire	11/2/2011		11/2/2011	INDEM/TIME LOST	LOWER LEG	CONTUSION	\$0.00	\$1,303.56	\$1,596.44	\$689.72	\$1,724.35	\$0.00	\$0.00	\$1,993.28	\$5,314.07
	Recreation & Parks	5/20/2011		5/23/2011	INDEM/TIME LOST	KNEE	DISLOCATION	\$0.00	\$11,408.09	\$26,927.14	\$1,501.14	\$0.00	\$0.00	\$100.00	\$12,909.23	\$39,936.37
	Police	2/14/2011		2/14/2011	INDEM/TIME LOST	MULTIPLE UPPER EXTREMITIES	TRAUMA NOT EDI	\$0.00	\$628.18	\$9,371.82	\$0.00	\$0.00	\$2,441.16	\$58.84	\$3,069.34	\$12,500.00
	Police	4/14/2011		4/14/2011	INDEM/TIME LOST	MULTIPLE NECK INJURY	ALL OTHER CUMULATIVE	\$0.00	\$0.00	\$10,000.00	\$0.00	\$20,764.16	\$875.00	\$4,125.00	\$875.00	\$35,764.16
	Fire	10/4/2011		10/5/2011	INDEM/TIME LOST	ABDOMEN INCL. GROIN	HERNIA	\$0.00	\$0.00	\$10,000.00	\$0.00	\$23,380.56	\$558.72	\$3,441.28	\$558.72	\$37,380.56
	Police	1/28/2011		12/14/2011	INDEM/TIME LOST	MULTIPLE TRUNK	STRAIN	\$0.00	\$0.00	\$10,000.00	\$5,569.00	\$296.00	\$0.00	\$5,000.00	\$5,569.00	\$20,865.00
	Public Works	9/21/2011		9/21/2011	INDEM/TIME LOST	LOWER BACK AREA (INC.	STRAIN	\$0.00	\$1,350.11	\$3,949.89	\$3,100.90	\$8,515.10	\$0.00	\$200.00	\$4,451.01	\$17,116.00
	Fire	6/16/2011		6/16/2011	FIRST AID	BODY SYSTEM AND MULT. BODY	ALL OTHER SPECIFIC INJURIES NOC	\$0.00	\$300.68	\$699.32	\$0.00	\$0.00	\$0.00	\$0.00	\$300.68	\$1,000.00
	Police	9/8/2011		9/12/2011	INDEM/TIME LOST	LUNG	RESPIRATORY DISORDERS	\$0.00	\$0.00	\$7,400.00	\$0.00	\$26,203.20	\$0.00	\$300.00	\$0.00	\$33,903.20
	Fire	10/2/2011		10/2/2011	INDEM/TIME LOST	SHOULDER(S)	STRAIN	\$0.00	\$1,925.84	\$3,824.16	\$20,232.55	\$5,133.65	\$0.00	\$200.00	\$22,158.39	\$31,316.20
	Fire	7/11/2011		8/26/2011	INDEM/TIME LOST	UNKNOWN	UNKNOWN NOT EDI	\$0.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$2,798.23	\$5,000.00	\$2,798.23	\$17,798.23
	Police	5/7/2011		5/7/2011	INDEM/TIME LOST	DISK (NECK)	STRAIN	\$0.00	\$383.13	\$3,116.87	\$0.00	\$0.00	\$0.00	\$500.00	\$383.13	\$4,000.00
	Fire	7/6/2011		7/7/2011	INDEM/TIME LOST	HAND	CONTUSION	\$0.00	\$2,377.21	\$7,622.79	\$16,508.54	\$11,567.86	\$0.00	\$100.00	\$18,885.75	\$38,176.40
	Recreation & Parks	4/21/2011		10/25/2011	MEDICAL ONLY	FINGER(S)	SPRAIN	\$0.00	\$1,289.33	\$3,510.67	\$0.00	\$0.00	\$0.00	\$0.00	\$1,289.33	\$4,800.00
	Recreation & Parks	12/21/2011		12/21/2011	MEDICAL ONLY	EYE(S)	ALL OTHER SPECIFIC INJURIES NOC	\$0.00	\$134.50	\$765.50	\$0.00	\$0.00	\$0.00	\$0.00	\$134.50	\$900.00
	Fire	2/20/2011		2/27/2011	INDEM/TIME LOST	MULTIPLE LOWER EXTREMITIES	STRAIN	\$0.00	\$15,825.81	\$9,174.19	\$21,676.13	\$17,365.00	\$0.00	\$1,500.00	\$37,501.94	\$65,541.13
	Fire	12/4/2011		12/4/2011	INDEM/TIME LOST	CHEST (INC. RIBS, STERN. SOFT	STRAIN	\$0.00	\$463.88	\$4,686.12	\$3,680.46	\$21,785.31	\$0.00	\$200.00	\$4,144.34	\$30,815.77
	Fire	1/3/2011		1/3/2011	INDEM/TIME LOST	KNEE	ALL OTHER SPECIFIC INJURIES NOC	\$0.00	\$16,632.63	\$18,457.32	\$48,812.76	\$0.00	\$0.00	\$200.00	\$65,445.39	\$84,102.71
		10/14/2011		10/14/2011	FIRST AID	MULTIPLE UPPER EXTREMITIES	STRAIN	\$0.00	\$0.00	\$3,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,400.00
	Police	5/18/2011		5/26/2011	INDEM/TIME LOST	SOFT TISSUE NECK	STRAIN	\$0.00	\$6,594.52	\$9,356.33	\$94,704.47	\$23,768.51	\$1,471.12	\$4,028.88	\$102,770.11	\$139,923.83
	Fire	5/3/2011		5/3/2011	INDEM/TIME LOST	MULTIPLE LOWER EXTREMITIES	STRAIN	\$0.00	\$1,086.19	\$6,213.81	\$8,211.46	\$49,268.78	\$0.00	\$200.00	\$9,297.65	\$64,980.24
	AP & T	6/29/2011		11/10/2011	INDEM/TIME LOST	KNEE	INFLAMMATION	\$0.00	\$946.21	\$1,553.79	\$0.00	\$0.00	\$0.00	\$300.00	\$946.21	\$2,800.00
	Fire	11/5/2011		11/21/2011	INDEM/TIME LOST	LUNG	RESPIRATORY DISORDERS	\$0.00	\$379.47	\$9,620.53	\$0.00	\$0.00	\$0.00	\$200.00	\$379.47	\$10,200.00

Injury Year Detail

As Of: 01/31/2012/Annual Period: 12/31  
 Loss Dates: 01/01/1900 - 01/31/2012  
 Reporting Level: 1/Status:Open  
 City of Alameda -  
 2295

8

Claim No.	Division	Loss Date	Date Closed	Knowledge Date	Type	Part of Body	Nature of Injury	Recoveries	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expense Paid	Expense Reserves	Paid To Date	Total Incurred
	Fire	6/13/2011		6/14/2011	INDEM/TIME LOST	KNEE	STRAIN	\$0.00	\$19,552.32	\$13,760.66	\$41,410.00	\$18,801.88	\$0.00	\$200.00	\$60,962.32	\$93,724.86
			MO	Ind	N/A	Closed	Total									
Year 2011 total:			2	22	2	0	26	\$0.00	\$91,063.44	\$214,380.04	\$275,309.92	\$228,574.36	\$8,144.23	\$26,054.00	\$374,517.59	\$843,525.99
	Fire	1/19/2012		1/19/2012	MEDICAL ONLY	DISK (NECK)	STRAIN	\$0.00	\$0.00	\$26,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,000.00
	Fire	1/8/2012		1/8/2012	INDEM/TIME LOST	LOWER BACK AREA /INC.	STRAIN	\$0.00	\$0.00	\$7,450.00	\$3,061.74	\$20,318.82	\$0.00	\$100.00	\$3,061.74	\$30,930.56
	Police	1/10/2012		1/10/2012	INDEM/TIME LOST	OTHER FACIAL SOFT TISSUE	LACERATION	\$0.00	\$0.00	\$3,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,900.00
	Fire	1/21/2012		1/21/2012	INDEM/TIME LOST	LUMBAR AND/OR SACRAI	STRAIN	\$0.00	\$0.00	\$8,650.00	\$0.00	\$25,188.96	\$0.00	\$200.00	\$0.00	\$34,038.96
			MO	Ind	N/A	Closed	Total									
Year 2012 total:			1	3	0	0	4	\$0.00	\$0.00	\$46,000.00	\$3,061.74	\$45,507.78	\$0.00	\$300.00	\$3,061.74	\$94,869.52
			MO	Ind	N/A	Closed	Total									
Report Totals:			3	149	2	0	154	(\$730,023.17)	\$5,375,489.01	\$5,072,357.93	\$8,348,553.41	\$1,578,222.62	\$1,059,457.92	\$274,229.97	\$14,783,500.34	\$21,708,310.86

# **Exhibit**

## **2**

NOTE: Complete both sides of this page for ALL annual reports  
State of California  
Department of Industrial Relations  
Self Insurance Plans  
2265 Watt Avenue, Suite 1  
Sacramento, CA 95825  
Web site <http://sip.dlr.ca.gov>  
E-mail: [sip@dlr.ca.gov](mailto:sip@dlr.ca.gov)

## PUBLIC SELF INSURER'S ANNUAL REPORT



### I. GENERAL-To be completed by the employer

1. CERTIFICATE NUMBER:

A-7205-05-132



Active



Revoked

2. PERIOD OF REPORT:



Full Year



Interim/Amended Report for the Period of:

From Date (mm/dd/yy)

To Date (mm/dd/yy)

3. NAME OF MASTER CERTIFICATE HOLDER

NAME City of Alameda

ADDRESS 2263 Santa Clara Ave, Rm 130

CITY Alameda

STATE CA

ZIP +4 94501

FEDERAL TAX ID. NUMBER

94-6000288

4. TYPE OF PUBLIC AGENCY:



CITY/COUNTY



POLICE/FIRE



TRANSIT



SCHOOL



HOSPITAL



OTHER

5. During the period of this report, has there been any of the following with respect to the master certificate holder, subsidiary, affiliate, JPA's or its member agencies?

A merger or unification?



Yes



No

Changes in name or identify



Yes



No

Any addition to Self Insurance Program?



Yes



No

If yes, explain:

6. TOTAL EMPLOYMENT AND WAGES PAID IN FISCAL YEAR 2010-2011 FOR THIS SELF INSURER:

(a) NUMBER OF EMPLOYEES 924

(Number of individual employees listed on for DE-6 for year ending June 30, 2011)

(b) TOTAL WAGES AND SALARIES PAID \$ 57,416,451

(As reported on EDD Form DE-6 Line M for all four quarters)

7. TO WHOM DO YOU WANT CORRESPONDENCE ADDRESSED?

TITLE Acting City Atty FIRST NAME Donna

MI

LAST Mooney

COMPANY NAME: City of Alameda

ADDRESS: 2263 Santa Clara Avenue, Room 280

CITY: Alameda

STATE: CA

ZIP+4: 94501-4477

PHONE: (510) 747-4750

FAX: (510) 865-4028

E-MAIL ADDRESS: [dmooney@ci.alameda.ca.us](mailto:dmooney@ci.alameda.ca.us)

8. CERTIFICATION BY AGENCY OFFICIAL:

I declare under the penalty of perjury that I have examined this Self Insurer's Annual Report and to the best of my knowledge and believe it is true, correct and complete.

SIGNATURE (Original Only):

DATE:

9/1/11

TYPED NAME: Donna Mooney

AGENCY NAME: City of Alameda

STREET ADDRESS: 2263 Santa Clara Avenue, Room 280

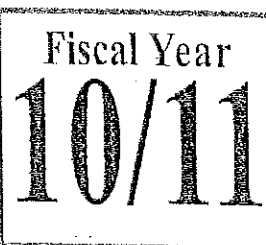
CITY: Alameda

STATE: CA

ZIP+4: 94501

PHONE: (510) 747-4750

FAX: (510) 865-4028



---

5. (Continued)

- 
9. List the full legal names of each separate affiliate member whose liabilities are being reported under this annual report, the certificate number of each such member.

Full Legal Name

Affiliate Certificate No.

---

NOTE 1: Add additional page(s) to list additional members, is necessary.

NOTE 2: If more than one claims administrator is used, then liabilities must be reported separately for each claims adjusting location using a Liabilities by Reporting Location page.

<p>Fiscal Year <b>10/11</b></p>
-------------------------------------

NOTE: Self Insured Employer  
Complete this page on ALL reports.

#### RECORDS STORAGE

1. Are claim records stored at any location other than with the current administrator?

☐ Yes ☒ No If yes, Where?

A. Agency Name

Address

City

Zip+4

State

Phone

C. Agency Name

Address

City

Zip+4

State

Phone

B. Agency Name

Address

City

Zip+4

State

Phone

D. Agency Name

Address

City

Zip+4

State

Phone

#### INSURANCE COVERAGE

1. Are any of your workers' compensation liabilities in California during the reporting period covered by a standard workers' compensation insurance policy?

☐ Yes ☒ No If Yes:

1. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Are any of your workers' compensation liabilities in California during the reporting period covered by a specific excess workers' compensation insurance policy?

☒ Yes ☐ No If Yes:

1. Name of Carrier: Local Agency WC Excess JPA (LAWCX)

Policy Number: LAW 001-2010

Policy Issue Date: 07/01/10

Retention Limit: 350,000

2. Name of Carrier: ACE American Insurance Company

Policy Number: WCL C4571312A

Policy Issue Date: 07/01/10

Retention Limit: 5,000,000

3. Do you carry an aggregate (stop loss) workers' compensation insurance policy?

☐ Yes ☒ No If Yes:

1. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

#### OPEN INDEMNITY CLAIMS

A. Attach a list of ALL Open Indemnity Claims by reporting location and by year reported and with claims in alphabetical order, or a computer prepared printout organized in the same format.

Fiscal Year  
**10/11**

NOTE: Claims Administrator  
Complete this page for ALL reports



## II. LIABILITIES BY REPORTING LOCATION

Reporting Location Nos.: A-7205-05-132

Name of Master Certificate Holder: City Of Alameda

Type of Report:

☒ Original Report (Due October 1 each year) ☐ Amended Report for the Period of: ☐ Interim Report

### A. CASES AND BENEFITS (to nearest dollar)

From Date (mm/dd/yy) To Date (mm/dd/yy)

	Number	Incurred Liability		Paid to Date		Future Liability	
		\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical
1. Cases open as of 6/30/2011 reported prior to FY 2006-07	72	4,472,903	6,305,016	3,962,890	3,454,663	510,013	2,850,353
2. Open & Closed Cases:							
a. FY 2006-07 Total Cases Reported	75	889,025	881,553	767,277	438,761		
FY 2006-07 Cases Open	10	794,182	775,579	672,434	332,787	121,748	442,792
b. FY 2007-08 Total Cases Reported	80	1,955,846	1,762,249	1,690,456	853,637		
FY 2007-08 Cases Open	14	1,601,483	1,565,871	1,336,093	657,259	265,390	908,612
c. FY 2008-09 Total Cases Reported	58	1,125,054	716,060	1,032,365	319,391		
FY 2008-09 Cases Open	12	919,448	639,393	826,759	242,724	92,689	396,669
d. FY 2009-10 Total Cases Reported	76	1,681,941	975,674	1,104,805	390,621		
FY 2009-10 Cases Open	14	1,304,043	894,912	726,907	309,859	577,136	585,053
e. FY 2010-11 Total Cases Reported	58	910,420	527,304	489,015	178,291		
FY 2010-11 Cases Open	34	885,277	512,728	483,872	163,715	421,405	349,013
SUBTOTAL						1,988,381	5,532,492
TOTAL						7,520,873	
3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical)						1,765,404	922,441

4. Total Benefits paid during FY 2010-11 (including all case expenditures): ..... 17
5. Number of MEDICAL-ONLY cases reported in FY 2010-11: ..... 41
6. Number of INDEMNITY cases reported in FY 2010-11: ..... 58
7. TOTAL of 5 and 6 (also entered in 2e above): ..... 151
8. TOTAL number of open indemnity cases (all years): ..... 0
9. Number of Fatality cases reported in FY 2010-11: ..... 10
10. (a) Number of FY 2010-11 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2010-11: ..... 3
10. (b) Number of non-FY 2010-11 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2010-11: ....

Fiscal Year  
**10/11**

A. NAME OF ADMINISTRATOR(S)/ADMINISTRATING AGENCY(IES) SUBMITTING THIS REPORT.

1. Name (Person) Kelli Vitale-Carson Administrative Agency's  
Agency Name York Risk Services Group, Inc. Certificate No.: 132  
Address 1390 Willow Pass Road, Suite 400 or ☐ Self Administered  
City Concord State CA Zip+4 94520

B. HAS THERE BEEN A CHANGE IN ADMINISTRATOR/ADMINISTRATIVE AGENCY DURING THE PERIOD OF THIS REPORT PERIOD? ☐ YES ☒ NO

IF YES: DATE OF CHANGE:

TYPE OF CHANGE: ☐ Change in Administrative Agency  
☐ Change to or from Self Administration

NAME OF NEW ADMINISTRATOR(S)/ADMINISTRATIVE AGENCY(IES):

Name  
Agency Name  
Address  
City State Zip+4

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report of this self insurer's workers' compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the workers' compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of workers' compensation claims made in this report reflect the administrator's best judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Original Signature of Administrator (Qualified Person)

Date: 8/17/11

TYPED NAME OF ADMINISTRATOR

Administrator's First Name: Kelli M.I.: Last Name: Vitale-Carson

Title: Asst. Vice President

Name of Administrative Agency or Employer: York Risk Services Group, Inc.

Street Address: 1390 Willow Pass Road, Suite 400

City: Concord State: CA Zip+4: 94520

Phone No. of Administrator: (916) 960-0998 Fax No.: (916) 783-0338

E-mail Address of Administrator: kelli.vitalecarson@yorkrsg.com

Fiscal Year  
10/11



Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2005-2,00

Or Earlier

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	02/19/1990		Police	Restraining a handcuffed pris	40,112	43,227	54	49,857
	04/15/1999		Public Works	REMOVING A TRAILER FROM	44,185	90,200	0	103,080
	06/21/1993	*	Fire	heart attack	105,675	99,677	0	112,368
	10/16/2002	*	Fire	EE was lifting a patient on a gu	55,661	19,774	0	32,811
	11/24/1998		Fire	Future medical care to back, le	20,422	24,774	0	21,673
	03/12/2000	*	Police	ON ALL FOURS LOOKING AT	47,539	19,566	0	20,051
	09/03/2004	*	Police	EE was in a 50 HR 50+ mile hill	123,898	38,467	0	40,651
	12/05/2005	*	Police	Officer involved in a fight w/a su	26,351	4,854	0	10,187
	12/13/1993		Fire	Hearing loss from noise exposu	840	14,830	0	14,712
	10/27/2004		Recreation & Parks	ee states that he was dragging	10,889	13,692	336	27,417
	01/27/1995	*	Police	Bumped from behind by a 70lb	77,930	148,144	0	18,856
	11/02/2004		Police	EE attempted to walk up stairs,	72,429	115,853	23,365	57,822
	12/18/2004		Police	Animal contained in cage, used	8,854	2,563	0	100
	02/09/2004		Fire	Air horn accidentally was activ	4,000	5,885	0	23,443
	06/15/2001	*	Fire	Lumbar back pain	53,118	31,289	0	22,363
	05/09/1994		AP & T (Alameda Pow	Pain in wrists & shoulders from	25,646	173,951	0	159,074
	07/06/2001	*	Fire	Low back pain while performing	105,872	25,709	140	9,447
	12/14/1994		Building Services	EE slipped on wet stairs and br	63,208	49,068	0	40,494
	04/14/1998	*	Police	Vehicle Collision injured right k	208,035	45,316	108,020	25,000
	05/02/2006	*	Police	Left knee, left leg, right ankle, r	136,880	13,130	3	7,262
	10/04/2000	*	Police	EE twisted L.knee entering/exiti	101,425	56,176	0	14,328
	12/28/2003	*	Fire	EE WAS STEPPING OFF A LA	9,177	20,288	0	43,113
	11/19/1998	*	Fire	Employee strained his low back	54,780	59,503	0	26,073
	02/11/2000	*	Police	TWISTED BODY BEFORE EX	49,655	36,664	62,292	10,989
	06/27/2001	*	Fire	EE fell when roof collapsed at s	12,883	10,369	0	22,025
	03/15/2001	*	Fire	LOW BACK STRAIN	26,142	15,007	2,749	23,618
	05/24/2002	*	Fire	EXPERIENCED RIGHT WRIST	113,435	43,341	23,194	10,444
	12/27/2003	*	Fire	Experienced pain to left shoul	51,682	33,797	1,283	27,196
	08/10/2005	*	Police	Struck by Vehicle	38,342	16,771	369	43,700
	05/01/1981		Fire	Mr. Elvin slipped on an unknow	20,906	36,807	0	85,047
	02/05/1985		Fire		14,515	14,194	0	806
	02/03/1986		Police	Kicking in a door	61,712	65,180	44,297	20,145
	12/09/2003		Police	EE was moving a leaded book	0	42,197	0	28,332
	09/08/2005		Police	Mr. Fuentes claims his partial h	1,760	14,648	0	8,890
	12/07/1997	*	Police	Future medical care to head, ne	27,265	9,677	0	30,474
	05/09/2001	*	Police	Low back strain	160,793	208,778	0	23,400
	08/22/1998		Police	Future medical to neck, back &	5,642	21,300	0	51,699
	10/21/1986		Fire	Exposure to noise	7,664	27,438	0	14,349
	11/18/1986		Fire	Future medical care to lungs	0	27,276	0	35,845
	01/25/2002		Public Works	Lifting.	107,808	122,605	0	56,954
	02/23/2000		Police	Future medical care to back	76,561	88,409	0	48,898
	07/15/2002		AP & T (Alameda Pow	Future medical to low back	119,840	111,846	0	170,176
	08/10/2004		Police	The ee believes that it was a cu	3,400	8,723	0	15,286
	06/19/1995		Fire	Cumulative back injury	12,798	17,595	0	20,132
	02/20/1987		Police	Future medical care to back	30,769	42,087	0	50,856
	09/11/2003	*	Police	Officer McMenamin was riding	48,102	45,776	7,543	76,016
	11/04/2005	*	Police	Mr. McMenamin was climbing a	14,099	15,650	11,110	27,998
	01/22/2004	*	Police	Future medical to thoracic spine	37,672	23,255	0	21,066
	05/17/2005		Fire	While moving a patient from the	15,947	6,228	0	26,409
	04/21/2001		AP & T (Alameda Pow	STRAINED LOW BACK AND L	101,751	43,184	0	11,113
	11/10/2003		AP & T (Alameda Pow	EE states: Cumulative trauma t	39,242	60,341	39,718	300,859
	08/08/2002	*	Fire	EE WAS LAYING IN BED AND	51,881	25,326	1	45,837
	07/18/2000		Public Works	Low back strain	59,880	17,349	30,001	4,596
	07/13/2004		Fire	EE experienced pain in L wrist	241,909	250,029	0	59,193
	09/11/1991		Fire	Hearing Loss over time	1,995	17,966	0	29,663
	01/03/1997	*	Police	Motor Vehicle Accident	87,529	69,030	0	18,840
	08/18/2003		Fire	Future medical care for hearing	25,874	15,939	0	16,269
	08/18/2003		Recreation & Parks	BENT OVER TO PICK UP AND	89,031	109,096	101	28,907
	05/07/2004	*	Fire	Pain in upper left abdominal are	168,058	11,254	149,319	14,797
	09/16/1998	*	Police	STRAINED SHOULDER AND	160,193	97,116	0	61,926
	02/05/2004		Police	Typing and lifting a box	23,710	23,913	8,097	37,133
	12/20/1989		Fire	Future medical care for heart c	9,062	239,134	0	74,219
	03/13/2003		Police	EE WAS MOVING STACKED f	3,489	19,961	0	56,874
	03/29/2000	*	Fire	CT NOISE EXPOSURE, BILAT	9,111	4,833	0	15,667
	10/27/2005	*	Fire	N/A	30,327	29,668	0	48,791
	09/01/2004	*	Police	Repetitive Motion	70,672	23,479	0	22,694

Reporting Location No.:

Page 2

Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2005-2,00

Or Earlier

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	12/03/2003	*	Police	Future medical care to left ankle	142,821	15,410	0	60,194
	06/12/2008		Public Works	EE states he has callus on left	87,638	40,331	0	14,807
	01/01/1950		99 (conversion)	Unknown	0	0	0	1
	11/13/1998	*	Fire	Sprain/strain left shoulder	5,547	19,737	0	12,565
	06/02/2004	*	Fire	long duration of wearing steel	5,212	3,121	0	12,154
	02/11/1998	*	Police	EMPLOYEE WAS ARRESTING	83,862	95,898	0	60,544

Totals for Report Year 2005-2,00

Claims: 72

3,962,890

3,454,663

510,013

2,850,353

Reporting Location No.:

Page 3

Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2006-2,00

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	10/04/2006	*	Fire	EE states he injured his left shd	80,532	48,588	0	36,348
	01/15/2007	*	Fire	pulling hose line	20,965	20,063	53,018	1,898
	10/13/2006	*	Fire	Future medical to neck & right s	122,410	30,302	38,810	68,439
	02/08/2007	*	Fire	CT/spine	50,435	54,384	8,872	172,786
	08/03/2006	*	Fire	lifting patient onto ambulance	126,566	55,600	0	37,395
	10/04/2006	*	Police	EE states carpal tunnel syndrom	113,620	24,698	17,365	21,051
	02/07/2007	*	Police	climbing wet roof	661	1,455	0	6,245
	07/11/2006	*	Public Works	picking up sandbags	54,350	32,034	3,682	11,734
	07/01/2006	*	Police	CT/neck	94,057	54,165	0	36,492
	05/01/2007	*	Golf	EE states: Tingling and numen	8,808	11,501	1	51,401
Totals for Report Year 2006-2,00					672,434	332,787	121,748	442,791
Claims: 10								

Reporting Location No.:

Page 4

Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2007-2,00

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	11/05/2007	*	Fire	With help from other person the	215,011	84,323	9,893	102,905
	08/16/2007	*	Police	serving multiple searches	109,143	194,136	23,237	166,549
	07/28/2007	*	Fire	removing SCBA pack	187,287	43,437	0	18,035
	03/21/2008	*	Fire	The following symptoms occurred	6,110	8,762	11,385	6,550
	04/15/2008	*	Fire	While inside the home that was	131,441	58,267	58,123	47,230
	10/08/2007	*	Police	typing	116,779	42,412	0	25,288
	12/26/2007		Public Works	EE states: Injured his back	128,634	87,825	65,535	220,508
	11/16/2007		Recreation & Parks	Employee stated: He was mov	19,330	20,138	0	27,316
	10/24/2007	*	Police	arresting a resisting male	120,816	33,334	48,683	98,557
	02/21/2008	*	Police	EE states: exposed to cancer c	27,066	4,806	0	75,394
	12/19/2007	*	Fire	While using two people to lift ot	38,693	21,961	0	32,599
	04/22/2008		AP & T (Alameda Pow	Ongoing repetitive motions- nu	23,721	39,693	11,768	26,414
	09/12/2007	*	Fire	pulling hose	42,181	14,774	0	21,628
	11/01/2007	*	Police	EE states: Pain in right buttock	189,879	25,592	36,765	39,540
Totals for Report Year 2007-2,00				Claims: 14	1,336,093	657,259	265,391	908,812

Reporting Location No.:

Page 5

Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2008-2,00

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	01/23/2008		AP & T (Alameda Pow	Cumulative stress of work	105,146	54,345	33,458	96,214
	03/12/2009		Police	EE states: Working at compute	13,351	314	4,713	1
	03/12/2009	*	Police	Working at computer turned to	195,370	25,159	6,679	28,541
	01/04/2009	*	Fire	While using a pike pole on the	104,755	42,538	6,370	19,333
	08/19/2008		Public Works	EE as a normal part of her work	12,319	14,813	0	29,594
	05/20/2009	*	Police	EE stopped at red light-vehicle	89,713	17,608	35,863	9,601
	07/11/2008		Public Works	Lifting front rotors from axle to f	25,054	6,153	3,030	47,479
	12/03/2008	*	Police	EE states: Injury to back	45,742	6,150	0	52,848
	07/09/2008	*	Police	While interviewing a homicide s	89,508	25,350	0	61,120
	07/13/2008	*	Police	Driving car, when another car r	42,555	10,446	0	7,258
	12/09/2008	*	Police	EE states: Injury to right should	64,556	18,601	0	24,821
	03/30/2009	*	Police	EE states: Involved in foot chas	58,692	21,248	2,576	20,060
Totals for Report Year 2008-2,00				Claims: 12	826,759	242,724	92,688	396,669

Reporting Location No.:

Page 6

Certificate Number:

All Cases on this Page are  
For the Year 2009-2,01

Name of Master Certificate Holder:

City of Alameda

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	11/05/2009	*	Police	EE states: An uninvolved vehicle	81,093	65,187	37,970	26,871
	03/07/2010	*	Fire	Diagnosis of cancer in the liver	130,918	3,777	311,077	248,223
	04/15/2010	*	Fire	Prolonged exposure to loud noise	4,692	137	828	27,500
	10/14/2009	*	Fire	While on-scene working a full shift	88,490	41,200	42,792	40,849
	10/14/2009	*	Fire	Through-out the course of her duty	0	856	4,198	9,344
	12/17/2009	*	Police	Employee responded to a crime scene	67,905	19,512	9,888	23,605
	06/05/2010	*	Police	Officer Hischer injured his right leg	39,188	28,124	47,911	34,535
	08/20/2009	*	Police	EE states: Clinging over a fence	46,186	17,047	3,508	33,903
	09/24/2009	*	Police	While issuing a traffic citation, EE	158,096	90,099	64,198	31,255
	05/03/2010	*	Fire	Chest discomfort after fitness test	46,323	11,347	34,116	13,653
	12/11/2009	*	Police	When Employee stepped off of curb	12,556	14,908	473	17,911
	12/22/2009	*	Public Works	Worker feels cramping in his leg	0	2,780	4,736	14,489
	07/13/2009	*	Police		37,186	2,183	17,534	47,817
	10/27/2009	*	Police	Employee reported injury after	14,277	12,902	7,909	17,098
Totals for Report Year 2009-2,01					726,907	309,859	577,136	585,052
Claims: 14								

Reporting Location No.:

Page 7

Certificate Number:

All Cases on this Page are  
For the Year 2010-2,01

Name of Master Certificate Holder:

City of Alameda

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical
	04/15/2011			Strained thoracic spine and lum	2,255	616		
	01/24/2011		AP & T (Alameda Pow	While attempting to remove box	4,140	4,200	5,638	3,884
	05/20/2011		Recreation & Parks	Employee stated: He jumped t	0	972	0	29,155
	09/03/2010	*	Police	Employee picked up motorcycle	95,717	3,253	928	10,728
	02/14/2011		Temporary	Cumulative Trauma; Injury to b	0	0	29,958	11,747
	04/14/2011		Police	Unknown. Employee says cum	0	0	0	10,000
	08/10/2010	*	Fire	Possibly bit by an insect	58,537	79,877	20,764	10,000
	07/01/2010	*	Police	Walking a parade route and sta	43,780	6,739	23,173	12,238
	05/19/2011	*	Fire	Unknown. The employee notice	4,849	247	68,695	7,895
	09/14/2010	*	Police	Officer was participating in a tr	63,169	4,772	12,121	4,753
	05/24/2011	*	Police	Employee found a large metal c	1,778	201	13,850	25,228
	05/07/2011		Police	Worker was driving a parking e	0	142	2,370	2,699
	09/07/2010		Public Works	DISCONNECTING FILL HOSE	11,354	8,208	264	3,359
	03/12/2011		Fire	Employee woke up and noticed s	0	0	11,425	20,938
	05/31/2010		Police	EE reported suffering from car	0	0	1,948	10,000
	05/31/2010		Police	He reported that on 9/18/10 rep	1,772	4,812	987	10,000
	02/20/2011	*	Fire	EE was crawling on his hands e	19,450	7,490	1,299	5,188
	02/14/2011	*	Fire	FF. Oyas was lifting the gurney	556	837	27,141	1,010
	02/03/2011		Library	Carrying boxes into Friends So	0	2,128	11,130	4,163
	12/21/2010	*	Fire	FF/P R. Petersen awoka from s	577	2,718	2,219	2,872
	10/15/2008		Golf	Repetitive heavy lifting and ben	0	554	0	53,145
	10/02/2010		Police	Officer was attempting to appre	0	303	0	9,446
	01/03/2011	*	Fire	While jogging on treadmill there	42,091	16,088	0	8,000
	07/30/2010	*	Fire	While involved in multiple phys	20,982	1,700	17,462	18,992
	05/18/2011	*	Police	Pain in EE's neck developed d	3,892	399	0	21,472
	10/05/2010	*	Police	Employee was walking around	62,745	3,360	68,758	9,201
	05/03/2011	*	Fire	The employee was moving equ	8,211	203	23,095	11,140
	11/07/2010	*	Fire	Worker was checking out the e	14,277	6,256	49,289	7,097
	08/14/2011	*	Police	Officer Wise was participating i	3,740	0	20,570	13,646
							8,343	4,850
Totals for Report Year 2010-2,01				Claims: 29	463,872	156,083	421,405	342,645

Reporting Location No.:

Page 8

Certificate Number:

All Cases on this Page are

Name of Master Certificate Holder:

City of Alameda

For the Year 2010-2,01

Name of Injured or Deceased	Date of Injury	Labor Code Sec.4850 Salary	Member	Description of Injury	Paid to Date		Estimated Future Liability	
					Indemnity	Medical	Indemnity	Medical

Master Certificate Holder Totals:

Claims:

151

7,988,954

5,153,376

1,988,381

5,526,122